

Name  
in  
Full

Jacob B. Althoff

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Taneytown	Dist	County Carroll	MARYLAND	
Date of death	1908	Month Feb	Day 25	Years Age 23	Months 2
Sex	Male	Color or Race	White	Birth- place	Adams Co Pa
Occupation	Farmer			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph Althoff			Father's Birthplace	Adams Co Pa
Mother's Maiden Name	Annie Brooks			Mother's Birthplace	" " "
Name of person giving Information	Joseph Althoff			How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Six Months
Immediate	Tubercular Laryngitis		How long	One month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chasudore M. Benner M.D.	
		Address	Taneytown Md.	
I				
Accident or Suicide?				



Name  
in  
Full

Zydia M Bankard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Gaeytown	Carroll			
Date of death	1908	Month 2	Day 5 <sup>th</sup>	Years 63	Months 11	Days 18
Sex	Female	Color or Race	White	Birth- place	Med	Ind
Occupation	housewife		Where Residing if not at place of death	New Midway Ind		
Married, Single or Widowed	Widowed	Name of <del>Widow</del> Husband	Emanuel Bankard			
Father's Name	Samuel S Hagner		Father's Birthplace	Ind		
Mother's Maiden Name	Zydia E Eckersode		Mother's Birthplace	Med		
Name of person giving Information	Milton H Bankard		How related to deceased	Son		

PHYSICIAN  
OR CORONER

Primary

CAUSES OF DEATH

64

How long

Immediate

2 days

Are the name, age, sex, color, date  
and place correctly given above?

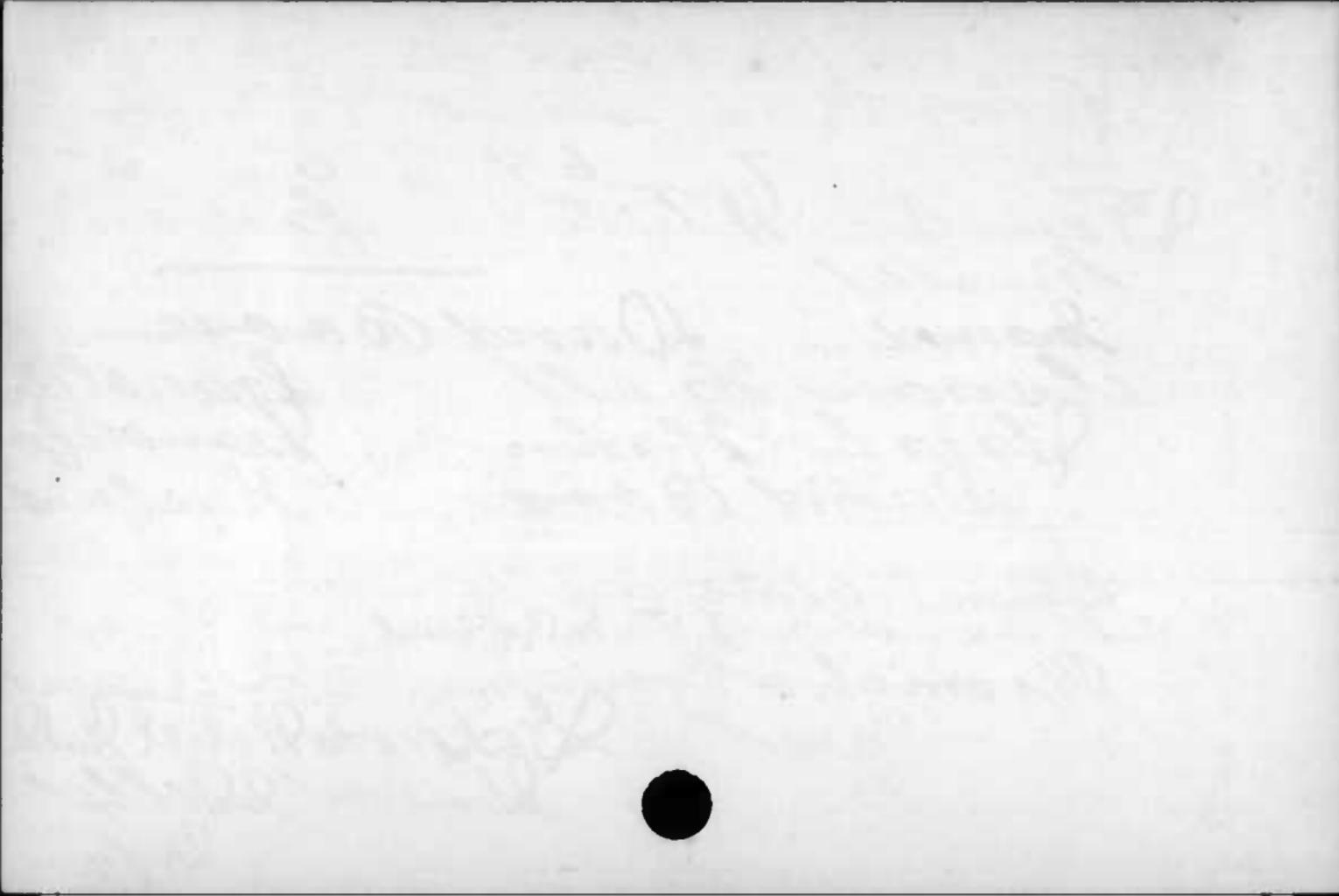
Signature of  
Physician

Address

yes

EBirnie M  
Gaeytown

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Mary A. Booze

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

190

Month

Feb

Day

27

Years

64

Months

5

Days

5

Sex

Female

Color or  
Race

White

Birth-  
place

Garrison

Occupation

Invalid

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

David Booze

Father's  
Name

Isaac Hull

Father's  
Birthplace

Garrison

Mother's  
Maiden Name

Sarah Hahn

Mother's  
Birthplace

Garrison

Name of person giving  
Information

David Booze

How related  
to deceased

Husband

CAUSES OF DEATH

92

Primary General debility due to  
a fall. Chronic nephritis in Robert

3 yrs

How long

Immediate

Broncho Pneumonia

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Lewis Wetzel M.D.  
Union Mills  
Ind.

Accident or Suicide?



Name  
in  
Full

Benedict Brown ✓

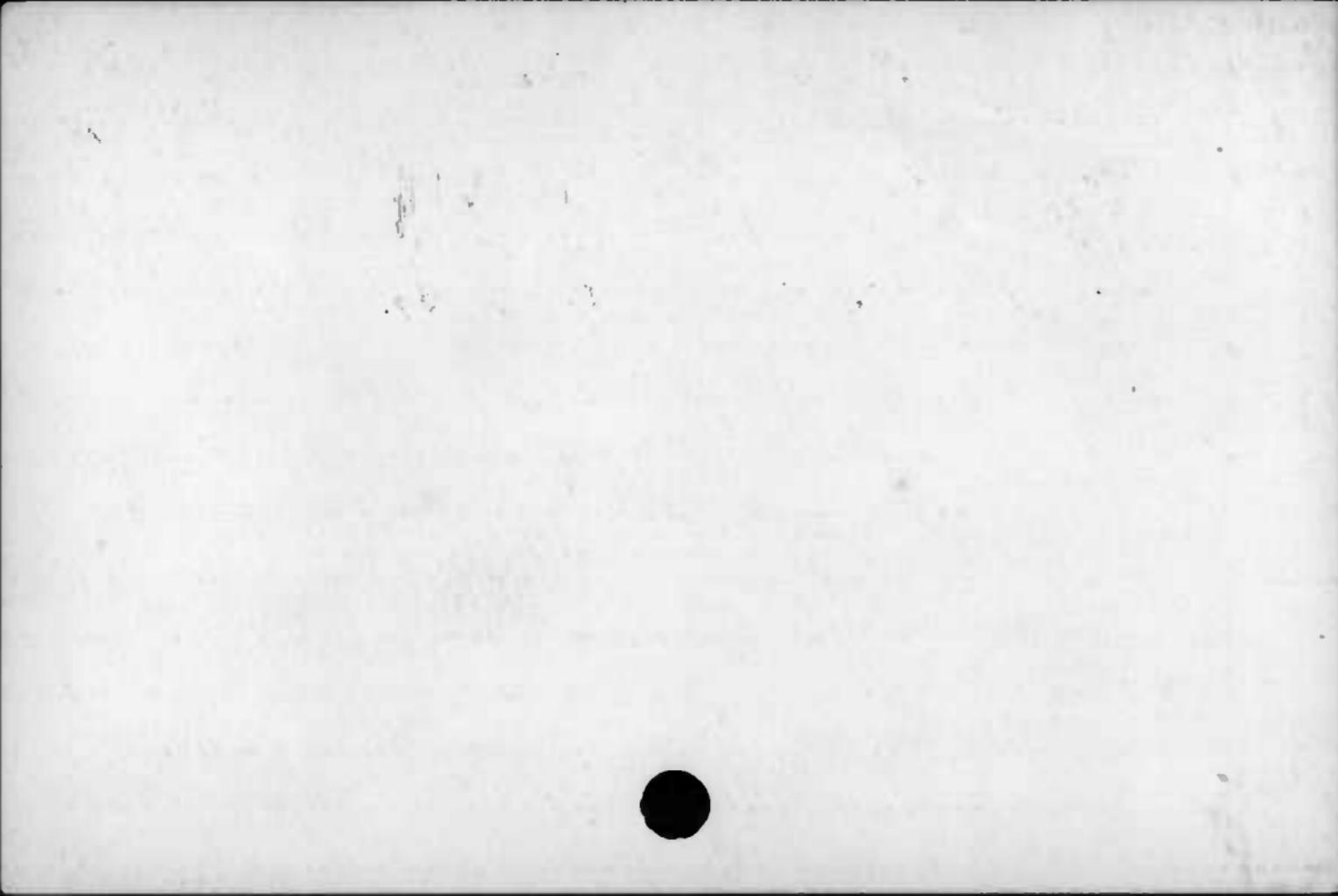
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Green Mt. Airy</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>20</u>	Age <u>65</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland.</u>					
Occupation <u>Silver-smith and jeweler</u>	Where Residing if not at place of death <u>Sally Brown</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sally Brown</u>						
Father's Name <u>Henry Brown</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Rachael Brown</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving Information <u>Sally Brown</u>	How related to deceased <u>Wife.</u>						

CAUSES OF DEATH

Primary <u>Carcinoma of stomach.</u>	How long <u>40</u>	<u>Don't know.</u>
Immediate <u>General emaciation from above.</u>	How long <u>2 weeks</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. W. Facy.</u>	
	Address <u>Linton.</u>	
Accident or Suicide? <u>None.</u>		



Name  
in  
Full

Mary Anna Buckingham

3/5

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wheaton</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>16</u>	Age <u>83</u>	Years	Months <u>9</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>		
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Eliza Buckingham</u>					
Father's Name <u>Cloyd Shifley</u>			Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Catherine Ogg</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>John Buckingham</u>			How related to deceased <u>Son</u>			

CAUSES OF DEATH

63

How long

don't know

How long

sweps

Primary

Dysentery

sweps

Immediate

Paroxysm

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L. Woodward

Address

Chestnut

PHYSICIAN  
OR CORONER

H

Accident or Suicide?

No

Med

Deer Park Cemetery  
Stoner.

Name  
in  
Full

Infant of Clarence & May Buffington

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Middlebury</u> Town		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>February</u>	Day <u>5</u>	Age <u>—</u>	Months <u>—</u>	Days <u>2</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Middlebury</u>				
Occupation <u>Infant</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>11</u>	Name of Wife or Husband					
Father's Name <u>Clarence Edward Buffington</u>	Father's Birthplace <u>Maryland</u>				How related to deceased <u>Grandmother</u>	
Mother's Maiden Name <u>May Elizabeth Slagle</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Mrs Charles Slagle</u>						
Mr. <u>W. A. Slagle</u>	CAUSES OF DEATH					
Primary <u>Post-natal Atletiasis</u>	<u>✓</u>				How long <u>151</u>	
Immediate <u>Premature delivery</u>					How long <u>2 days</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Charles E. Rop</u>	How long <u>7 months child</u>				
	Address <u>Taneytown</u>					
Accident or Suicide?						<u>Md</u>

PHYSICIAN  
OR CORONER

I



Name  
in  
Full

Katherine Butter

318

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Westminster	Town	Carroll	County	MARYLAND							
Date of death	1908	Month	Feb	Day	24	Year	88.	Age	88.	Months	1	Days
Sex	Female	Color or Race	Colored	Birth-place	Maryland							
Occupation	Laborer		Where Residing if not at place of death									
Married, Single or Widowed	Widow	Name of Husband	Honor William Butter									
Father's Name	Henry Kuhn		Father's Birthplace									
Mother's Maiden Name	Wm. Kuhn		Mother's Birthplace									
Name of person giving information	Joseph Gilcox		How related to deceased									

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Heart Disease

How long

2 days

Immediate

Brain

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. L. Bato  
Westminster Md

I

Accident or Suicide

Private Cemetery

New Windsor Road

one mile from New Windsor

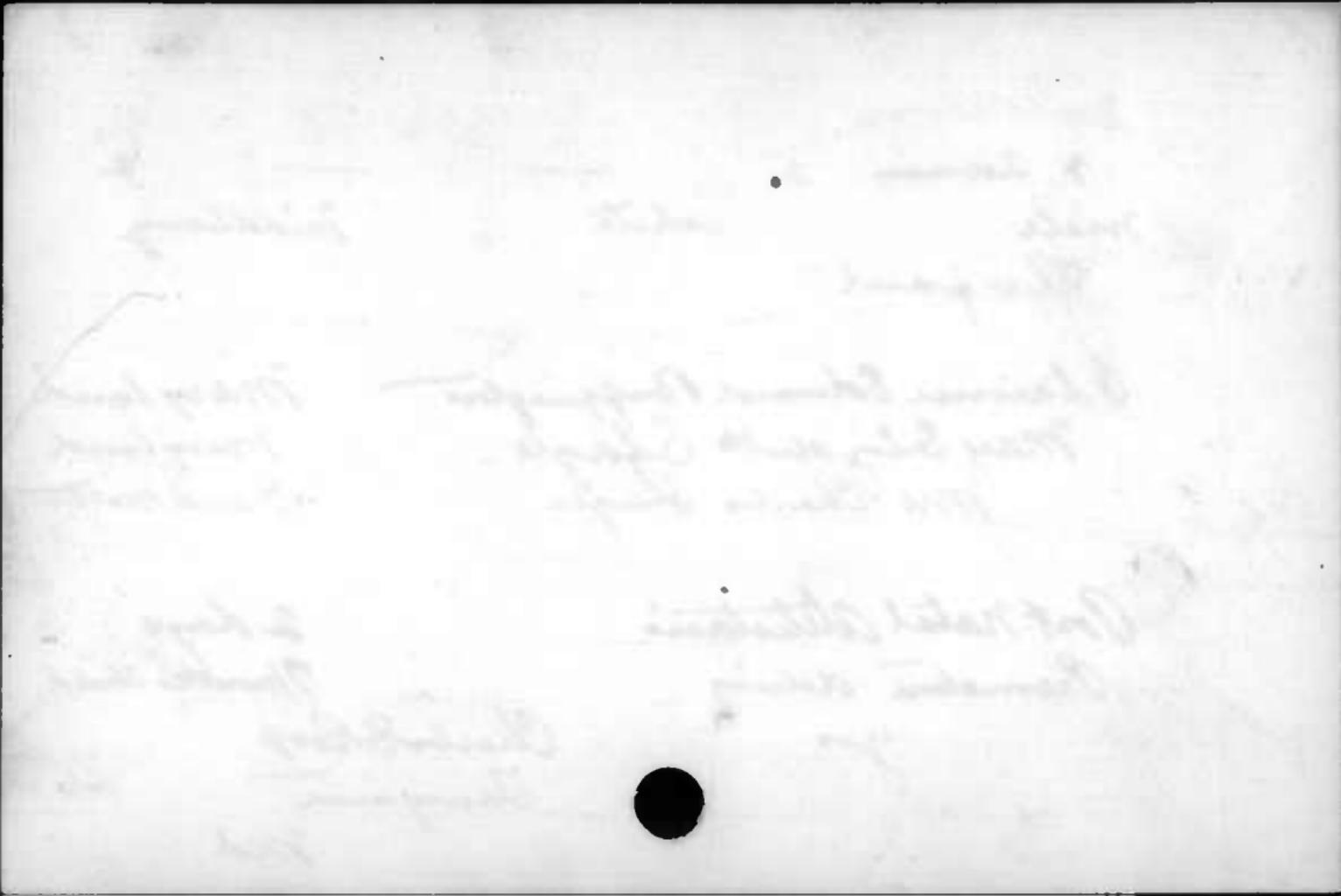
Stoners.

Died at		Town	County		MARYLAND	
Date of death	1908. 2	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 76		Birth-place Manchester	
Occupation	Instructor		Where Residing if not at place of death		Manchester	
Married, Single or Widowed	Married	Name of Wife or Husband	Martha (Marie) Cummins		Father's Birthplace Manchester	
Father's Name	William Cummins				Mother's Birthplace Manchester	
Mother's Maiden Name	Lydia Drayer					
Name of person giving information	Edgar Willi Estlin				How related to deceased daughter	

## CAUSES OF DEATH

65

Primary	Embolism		How long	About 6 months
Immediate	Brain softening		How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. B. Drayer Manchester, Md.	
		Address		
Accident or Suicide?				



Geo. W. Dree.

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND			
Date of death	1908.	Month 2	Day 18.	Age 2	Years	Months 5	Days 28.	
Sex	Male	Color or Race	White	Birth-place Hagerfield Md				
Occupation	None -	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name	John W. Dree.		Father's Birthplace			Hagerfield Md		
Mother's Maiden Name	Angie L. Rice		Mother's Birthplace			Hagerfield Md		
Name of person giving information	John W. Dree		How related to deceased			Father		
CAUSES OF DEATH				167				
Primary	Scalded with Hot Water			How long				
Immediate	Shock Heart Failure			How long 18 mo				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
Yrs.				Edgar M. Bush M.D.				
				Address				
				Hagerfield Md				
Accident or Suicide?				I				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Erinith Elizabeth Durall

317  
CERTIFICATE OF DEATH

Died at Medford Town

County Carroll

MARYLAND

Date of death 1908 Month Feb

Day 25-

Years 7

Months 8

Days 23

Sex Female

Color or Race

White

Birth-place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or Husband

Father's Name

William. C. Durall

Father's Birthplace

Maryland.

Mother's Maiden Name

Sallie. C. Durall

Mother's Birthplace

Maryland.

Name of person giving  
Information

William. C. Durall

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

Heart Trouble

179

How long

6 week

Immediate

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Thos. O. Casonian

Address

Weslminster  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

+

Stone Chapel Cemetery  
St. Louis.

Name  
in  
Full

Lovina Elhart

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND	
Died at	Carroll	Month	Day
Date of death	1908	Feb	9
Age	77	Years	10
Sex	Female	Color or Race	White
Occupation	Housewife	Where Residing if not at place of death	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Jacob Elhart
Father's Name	Abraham Elhart	Father's Birthplace	Carroll Co
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving information	Jacob Elhart	How related to deceased	Spouse
CAUSES OF DEATH			
Primary	Complication of diseases		
Immediate	Cerebral apoplexy		
Are the name, age, sex, color, date and place correctly given above?		Yes	
PHYSICIAN OR CORONER	Signature of Physician	G. Lewis Wetzel M.D.	
H	Address	Union Mills Md	
Accident or Suicide?			

64

How long

2 yrs  
12 hours

How long

Yes

Signature of Physician

dead Feb 9 '08  
aged 77-10-26

Name  
in  
Full

Josiah Fleagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Laneytown <sup>County</sup> Carroll

MARYLAND

Date of death 1908 Month 2 Day 11 Years 74 Months 3 Days 17

Sex Male

Color or Race

white

Birth-place

Md

Occupation

Mason

Where Residing if not  
at place of death

Married, Single  
~~or Widowed~~

Married

Name of Wife or Husband

Catherine A Fleagle

Father's Name

George Fleagle

Father's Birthplace

Md

Mother's Maiden Name

Syphia Frock

Mother's Birthplace

Name of person giving  
Information

Jacob Fleagle

How related  
to deceased

Brother

CAUSES OF DEATH

179

Hour

Primary

Do not know

How long

Immediate

Heart Failure

Signature of  
Physician

Address

Are the name, age, sex, color, date  
and place correctly given above?

Yes

J. V. Seiss.

Laneytown.  
Md.

I

Accident or Suicide?



Name  
In  
Full

Mary Flickenger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

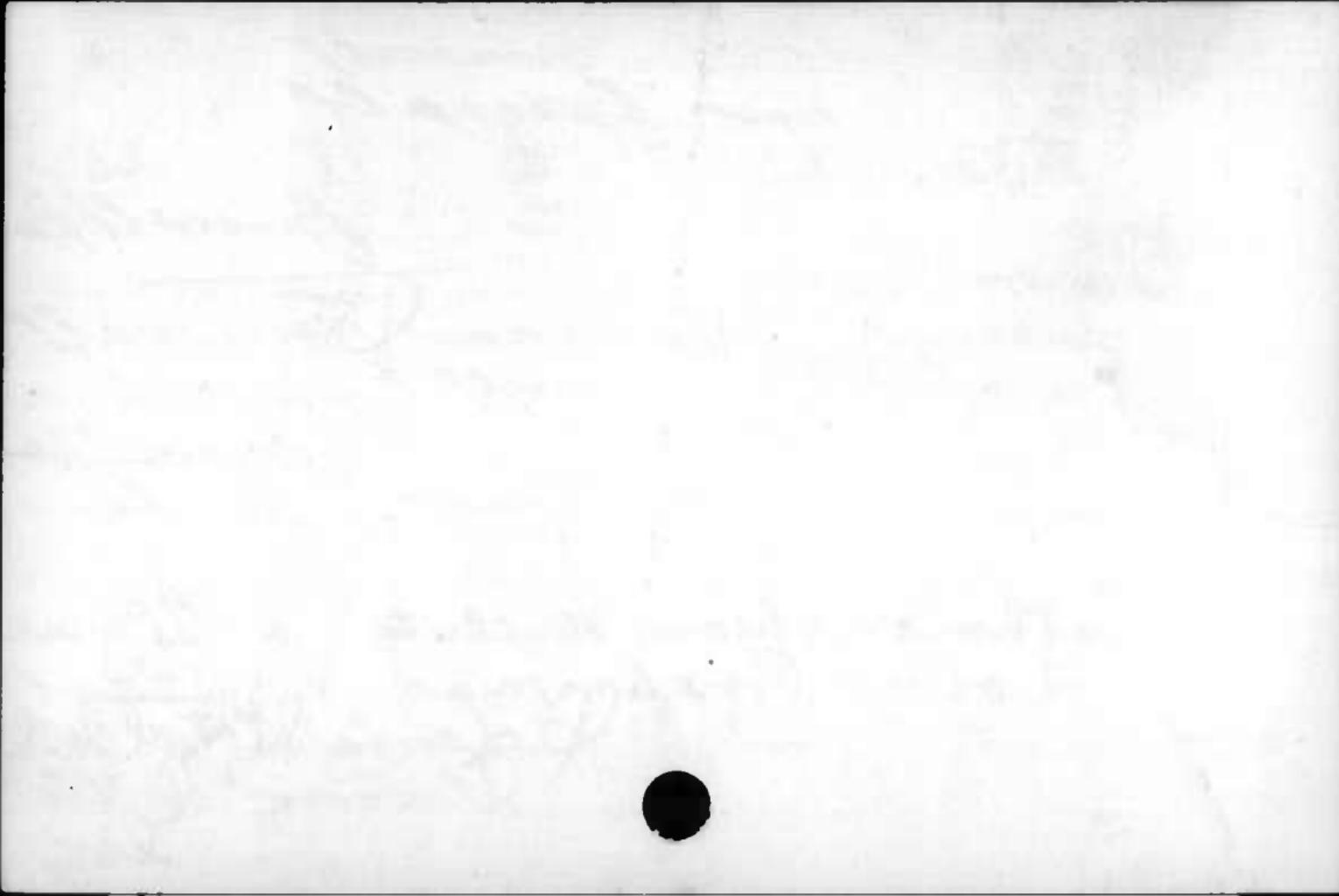
Town	County		
Died at Springfield Hospital - Sykesville - Carroll			
Date of death	Month	Day	Years
1908	February	15 <sup>th</sup>	55 -
Sex	Color or Race	Birth-place	
Female	White	Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	Amor Flickenger		
Father's Name	Father's Birthplace		
Amor Flickenger			Unknown
Mother's Maiden Name	Mother's Birthplace		
Unknown			Unknown
Name of person giving information	How related to deceased		
Hospital Records.	None		

CAUSES OF DEATH

74

Primary	Epileptic Dementia		
Immediate	Cerebral Tumor + Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. Henry Fisher M.D.
		Address	Sykesville
Accident or Suicide?	No.		

H



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

<i>George Albert Formwalt</i>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb.	Day 27	Years 62	Months 8	Days 23
Sex	Male		Color or Race	White		
Occupation	Retired Farmer					
Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death		
Father's Name		Jacob F. Formwalt		Father's Birthplace	Gambrills	
Mother's Maiden Name		Frances Little		Mother's Birthplace	Gambrills	
Name of person giving information		Susanna Formwalt		How related to deceased	Wife	
CAUSES OF DEATH						93
Primary	Asthma, Chronic Bronchitis			How long	2 1/2 yrs	
Immediate	Lobar Pneumonia			How long	9 days	
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	<i>J. Lewis Wetzel M.D.</i>	
			Address	<i>Union Mills Ind.</i>		
Accident or Suicide?						



Name  
in  
Full

Nelson Gilbert

312

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Westminster	Carroll				
Date of death	1908	Month Feb	Day 6	Age	74	Years 5 Months 5 Days 25
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	House Painter			Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah A. L. Evans			
Father's Name	Adam. Gilbert			Father's Birthplace	Maryland	
Mother's Maiden Name	Catharine Duffebaugh			Mother's Birthplace	11	
Name of person giving information	Sarah. A. L. Gilbert			How related to deceased	Wife	

CAUSES OF DEATH

79

How long

How long

Primary *Mitral Regurgitation & chronic Nephritis* several years

Immediate *Cardiac Dilatation -* instantaneous

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

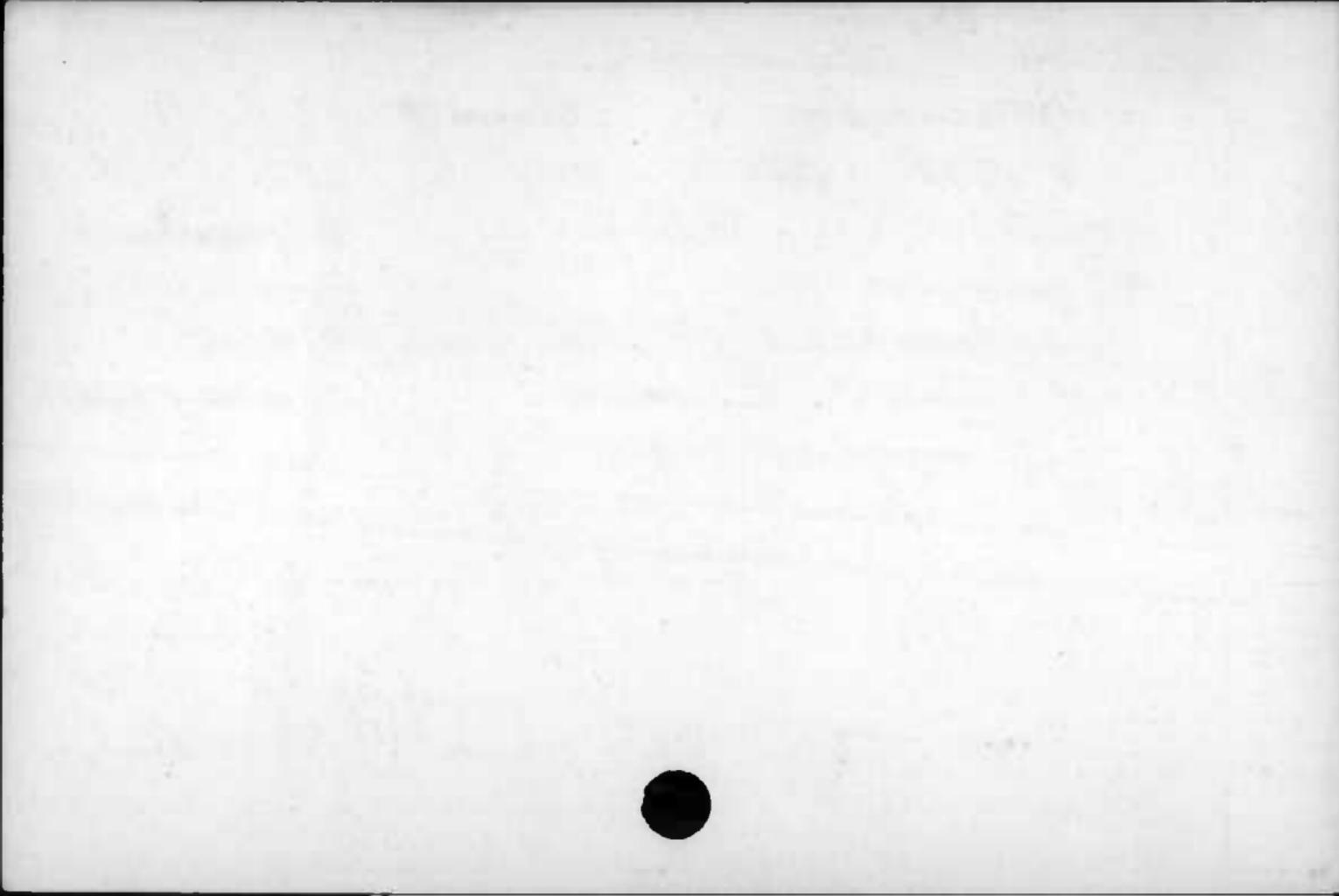
*Chas. R. Foutz*

*Westminster*

*Med*

+

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>John C Grumbur</i>				916 CERTIFICATE OF DEATH	
Died at <i>Westminster</i>		Town County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908 Feb 22</i>	Month <i>Feb</i>	Day <i>22</i>	Age <i>81</i>	Years <i>81</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Maryland</i>			
Occupation <i>Trinner</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Ellen Jane. Myers</i>	Father's Name <i>William H. Grumbur</i>			
Father's Name <i>William H. Grumbur</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Confort Hobbs</i>	Mother's Birthplace <i>do</i>				
Name of person giving Information <i>Frank Grumbur</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

Primary

*Old age*

How long

*82 years -*

Immediate

*Inanition*

How long

*month -*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

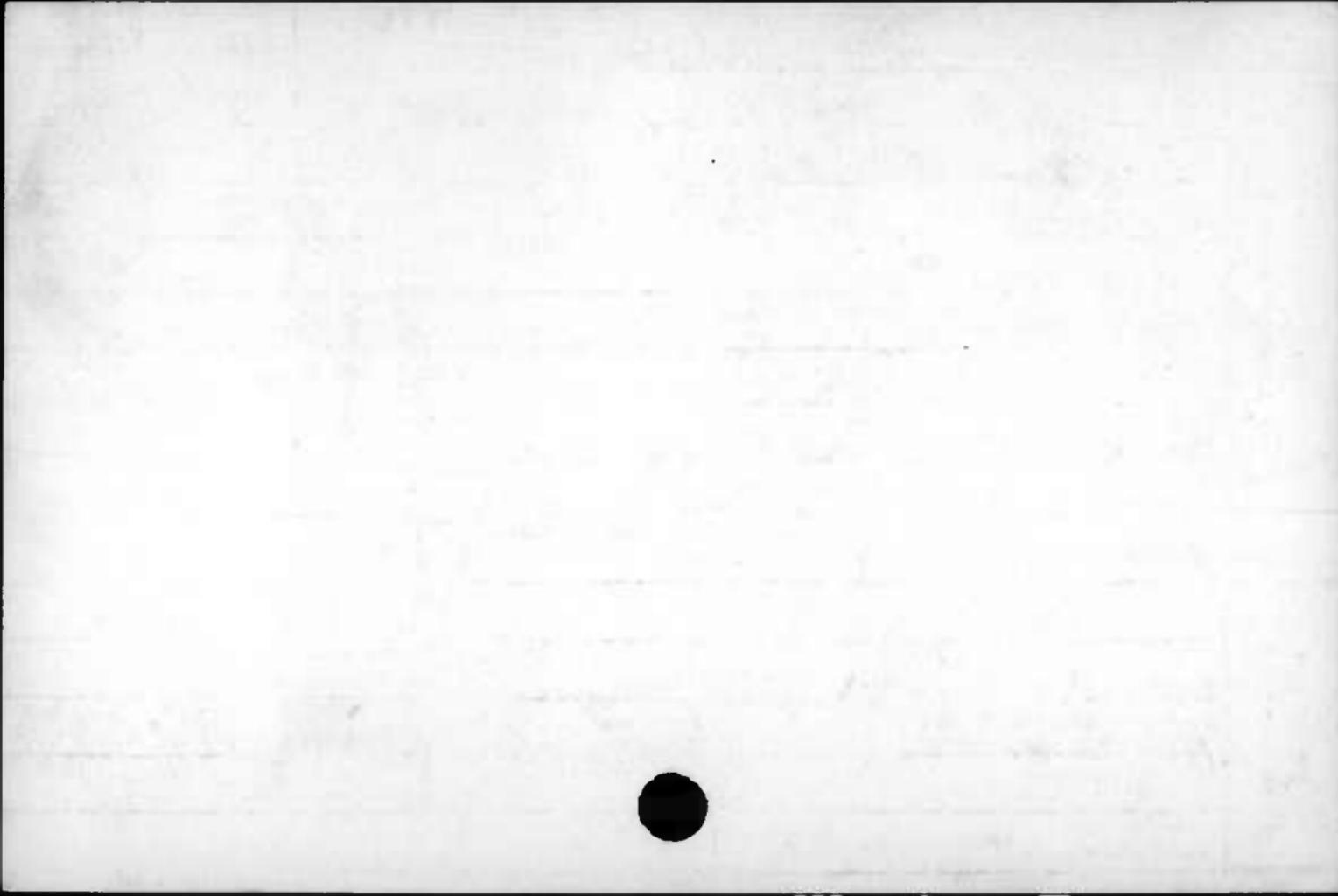
Address

*Jas. H. Billingsley M.D.*  
*Westminster 3rd*

*H*

Accident or Suicide?

*No*



Name  
in  
Full

Mandela Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb	Day 26	Years 73	Months 9	Days 22
Sex	Female	Color or Race	White		Birth-place	Maryland
Occupation	Housewife		Where Residing If not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Hahn			
Father's Name	Geo W		Father's Birthplace	Maryland		
Mother's Maiden Name	Hannah Haines		Mother's Birthplace	Carroll Co Md		
Name of person giving information	James Hahn		How related to deceased	Son		

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

La Grippe

How long

4 weeks

Immediate

Artificial Regurgitation

How long

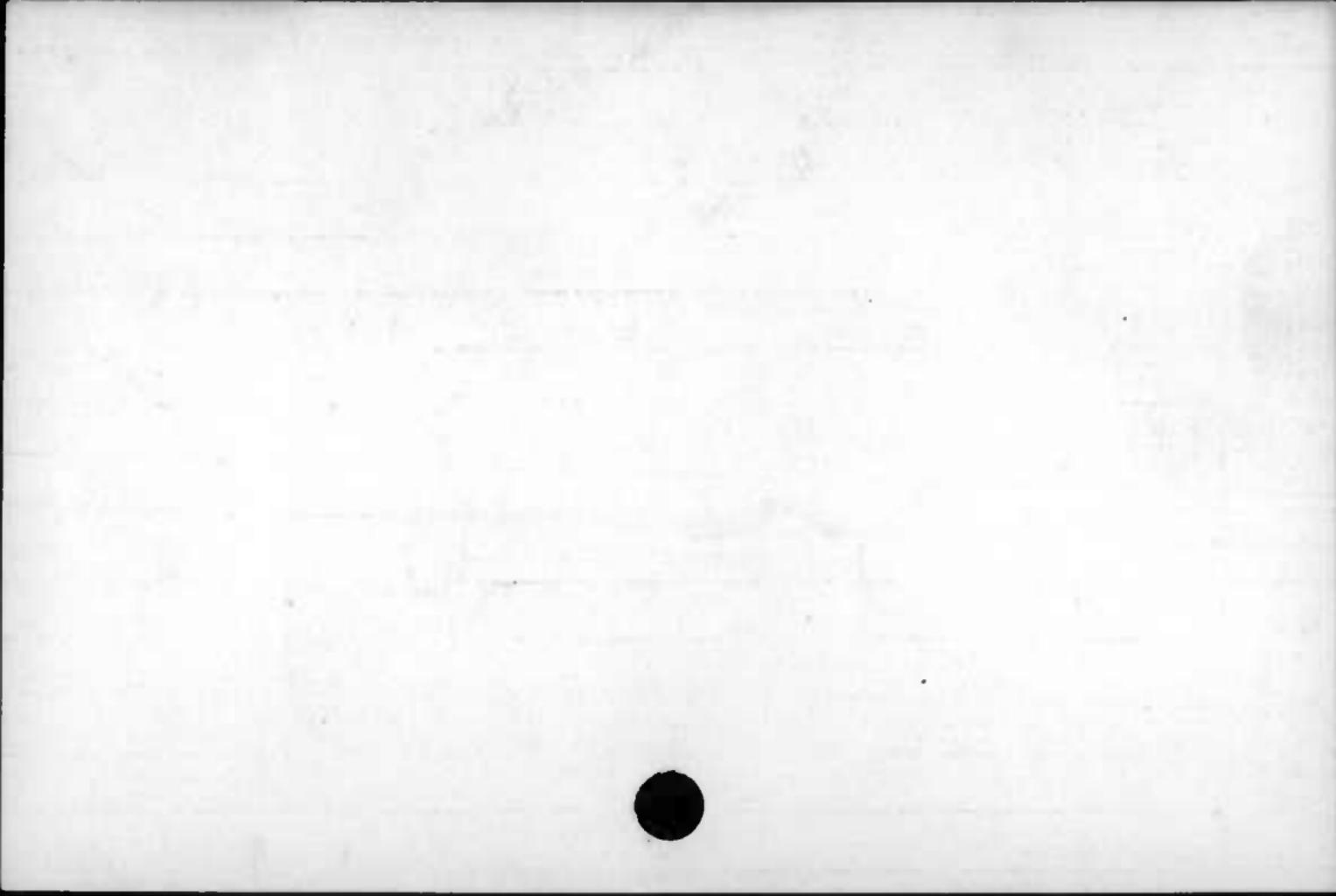
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman M.D.  
of Manchester Md

Accident or Suicide?



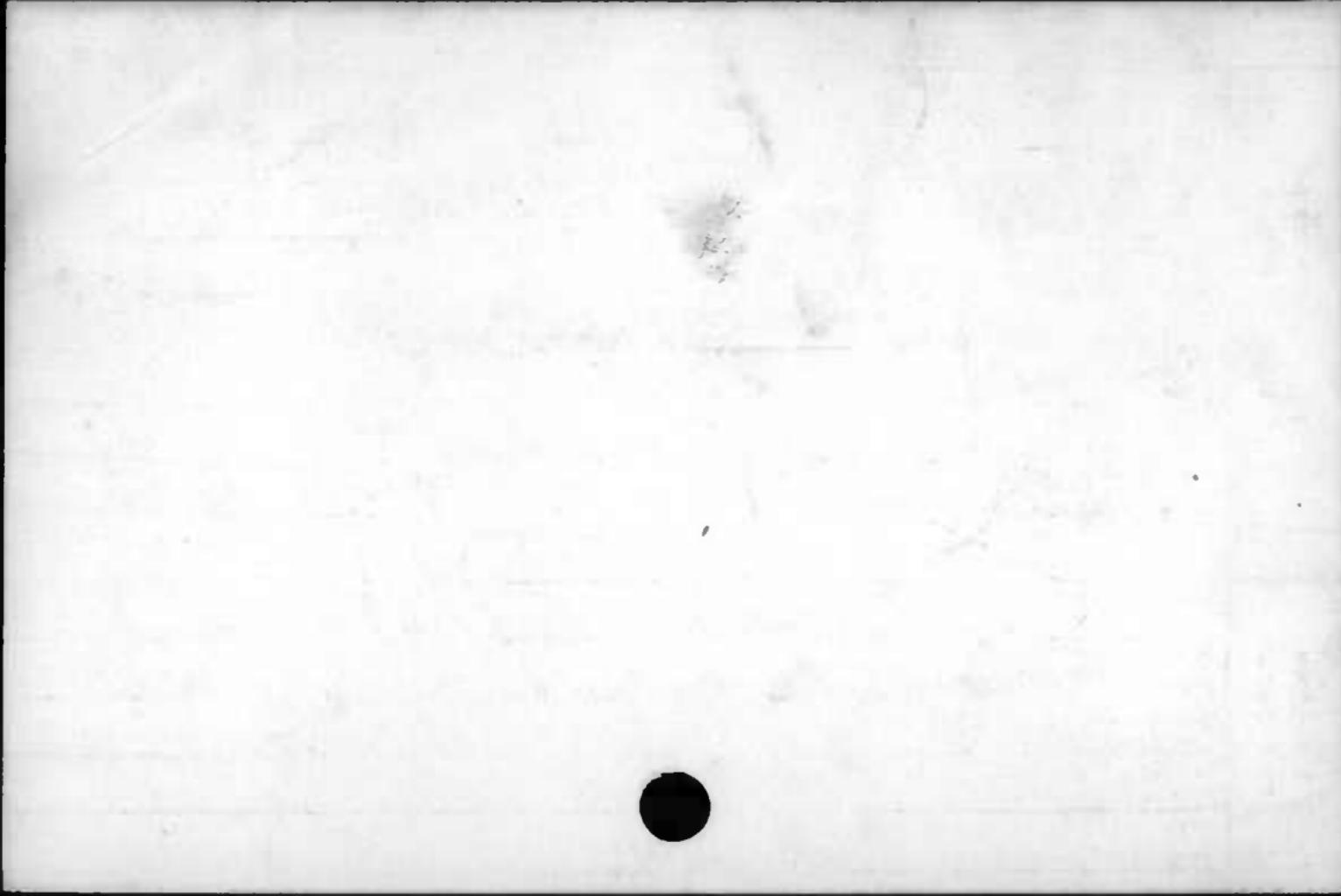
Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

314  
CERTIFICATE OF DEATH

Died at <u>Westminister</u> <small>Town</small>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>15</u>	Age <u>Years</u>	Months <u>3</u>	Days <u>minutis</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Md.</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>John Himes</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Jennie Greenholtz</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Jennie Greenholtz</u>	How related to deceased <u>Mother</u>				
CAUSES OF DEATH					
Primary	<u>Injuries before &amp; during delivery -</u>				
Immediate	<u>Heart Failure</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Chas. Radbitz.</u>			
		Address <u>Westminister</u>			
Accident or Suicide?		<u> </u>			

H



Name  
in  
Full

Jesse L Lester

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Shuloh		Town	County Carroll		MARYLAND	
Date of death 1908	Month Feb	Day 25	Years 81	Age	Months 3	Days 15
Sex Male	Color or Race White	Birth-place No Mexico				
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Sarah A Prince					
Father's Name Henry Lester	Father's Birthplace Don't Know					
Mother's Maiden Name Annie M Grammer	Mother's Birthplace Don't Know					
Name of person giving information John H Lester	How related to deceased Son					

CAUSES OF DEATH

79

Now living

Primary Hypertrophy of Heart - Nitrate  
Immediate Regurgitation + Drowsy

How long 9 weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman M.D.  
Mandeville  
Md

H

Accident or Suicide?



Name  
in  
Full

James D Lowney

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Springfield Hosp.			County Carroll		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1908	2 <sup>nd</sup>	5 <sup>th</sup>	61	61		
Sex	male	Color or Race	White	Birth-place	Md.	
Occupation	Painter			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ida Lowney			
Father's Name	James J. Lowney			Father's Birthplace	Md.	
Mother's Maiden Name	Elizabeth D. Lowney			Mother's Birthplace	"	
Name of person giving Information	Hospital records			How related to deceased		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Chronic Nephritis

How long

unknown

Immediate

Haemia

How long  
about 4 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

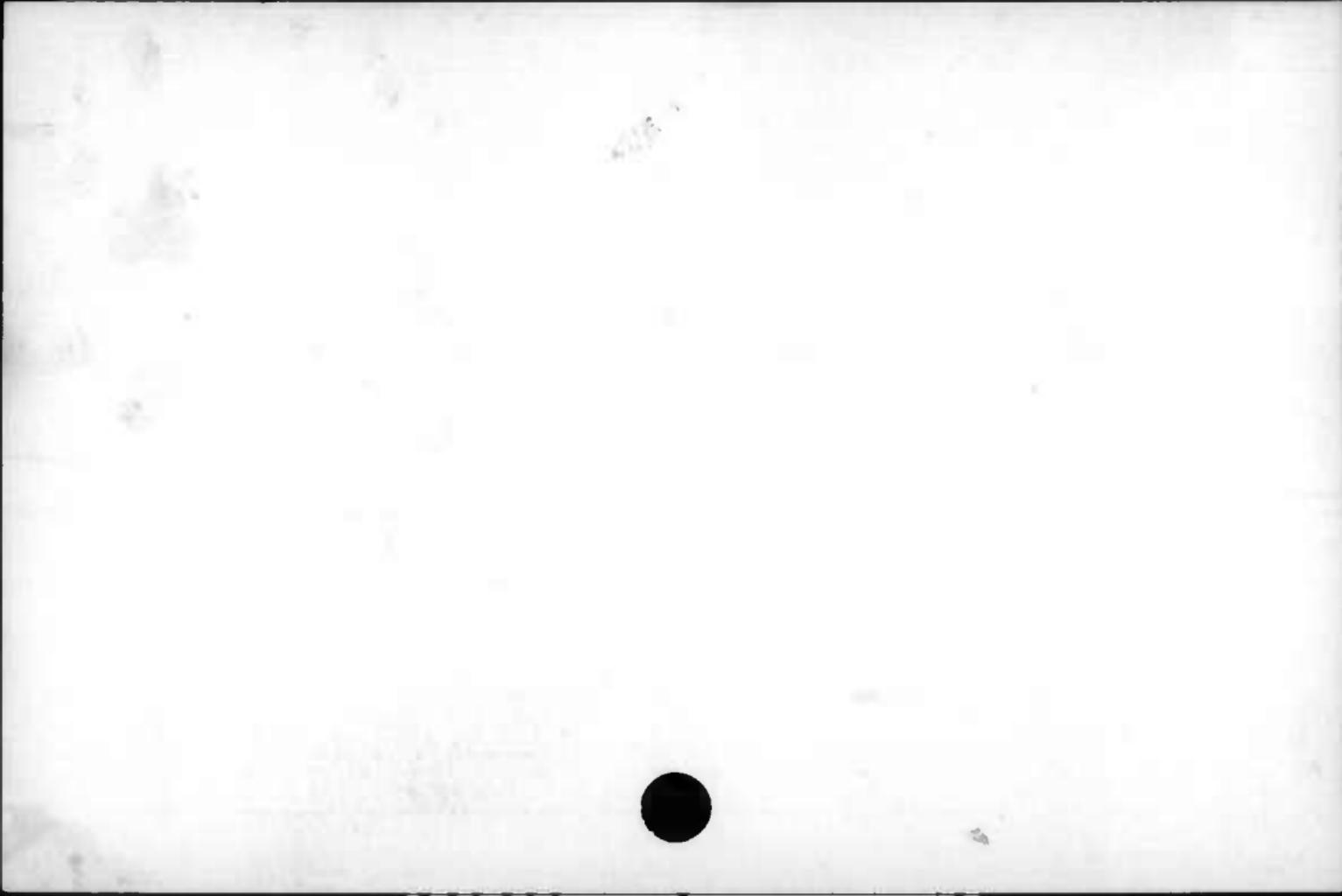
Address

Chas. J. Carey  
Sykesville Md.

11

Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Joseph McCormick

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month Feb.	Day 3 <sup>rd</sup>	Years 22	Months —	Days —
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	Bookkeeper			Where Residing if not at place of death	Springfield State Hosp.	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Wm. McCormick			Father's Birthplace	Ireland	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving Information	Hospital records			How related to deceased		

CAUSES OF DEATH

92

How long

2 yrs

5 days

Primary

Dementia Procopt

Immediate

Broncho-pneumonia

Are the name, age, sex, color, date and place correctly given above?

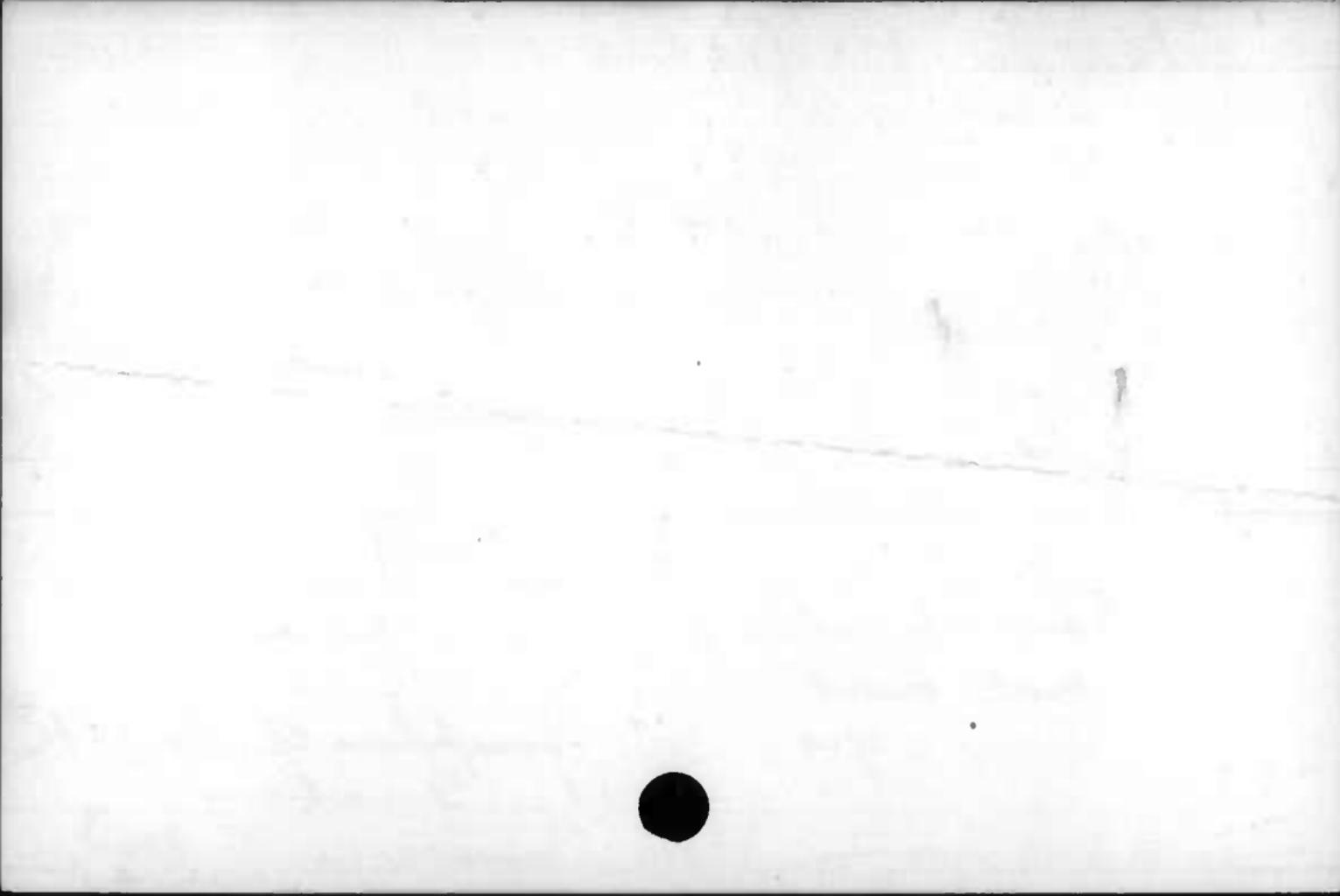
yes

Signature of Physician

Address

J. C. Clark  
Bykeaville  
Md.

Accident or Suicide?



Name  
in  
Full

Kelie A. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

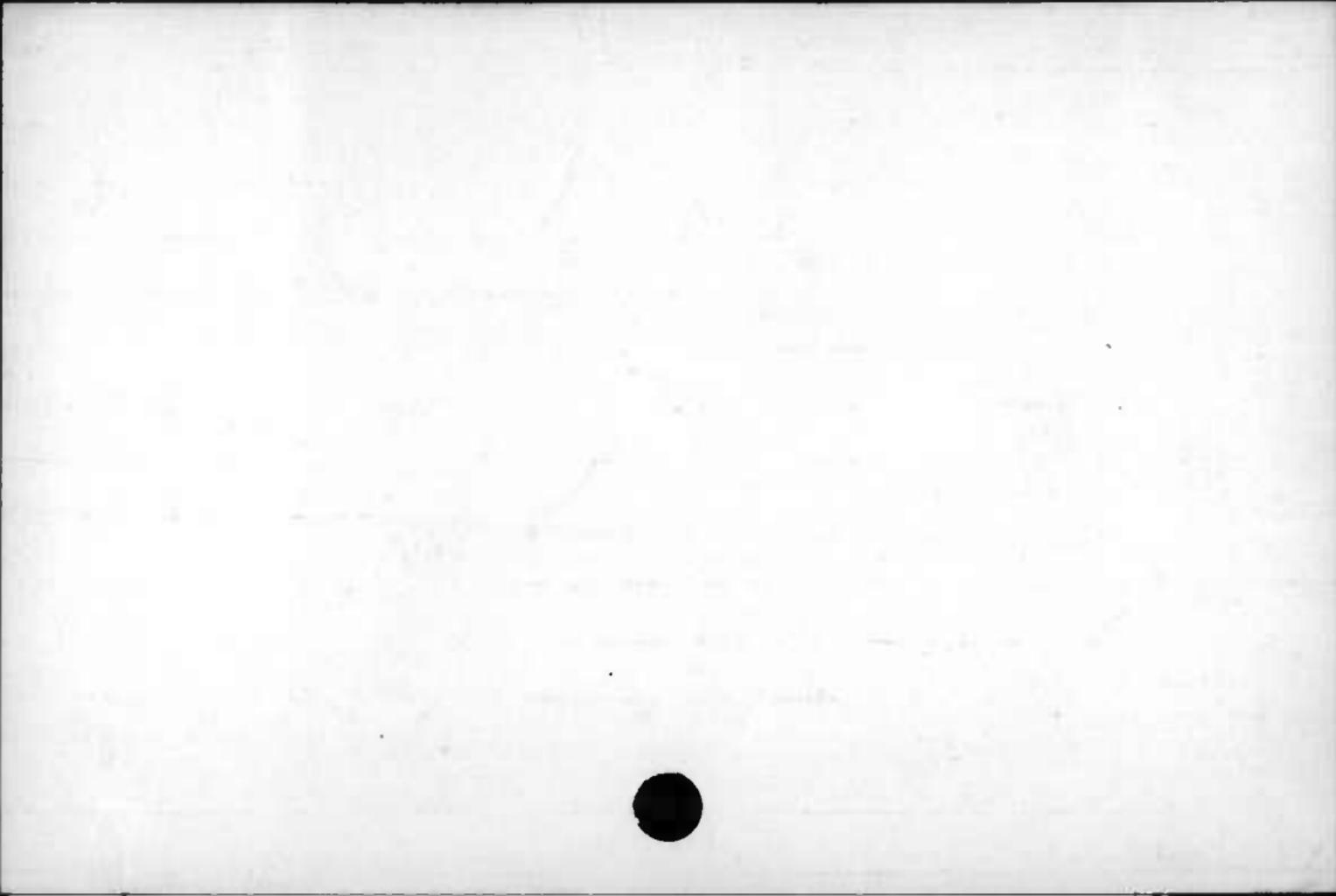
Died at <u>Finksburg</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Febr</u>	Day <u>2</u>	Age <u>  </u>	Years <u>  </u>	Months <u>2</u>	Days <u>9</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>					
Occupation <u>  </u>	Where Residing if not at place of death <u>  </u>						
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>  </u>						
Father's Name <u>Caleb Miller</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Elizabeth Brothers</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving Information <u>Caleb Miller</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

179

Primary <u>General debility</u>	How long <u>since birth</u>
Immediate <u>mal-nutrition</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Josephus A. Wright</u> Address <u>Gambier Carroll Co. Md.</u>
Accident or Suicide? <u>  </u>	

H



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edwin L. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Wakefield		Carroll				
Date of death	1908	Month	Day	Years	Months	Days
of death	March	25		69	10	19
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Butchery	Where Residing if not at place of death		Wakefield		
Married, Single or Widowed	Married	Name of Wife or Husband	Alice Miller			
Father's Name	William Miller		Father's Birthplace	Maryland		
Mother's Maiden Name	Mary A. Snyder		Mother's Birthplace	Maryland		
Name of person giving information	Harry Miller		How related to deceased	Son		

CAUSES OF DEATH

120

Primary Chronic Interstitial Nephritis

Immediate Cardiac Asthenia

Are the name, age, sex, color, date and place correctly given above?

yes

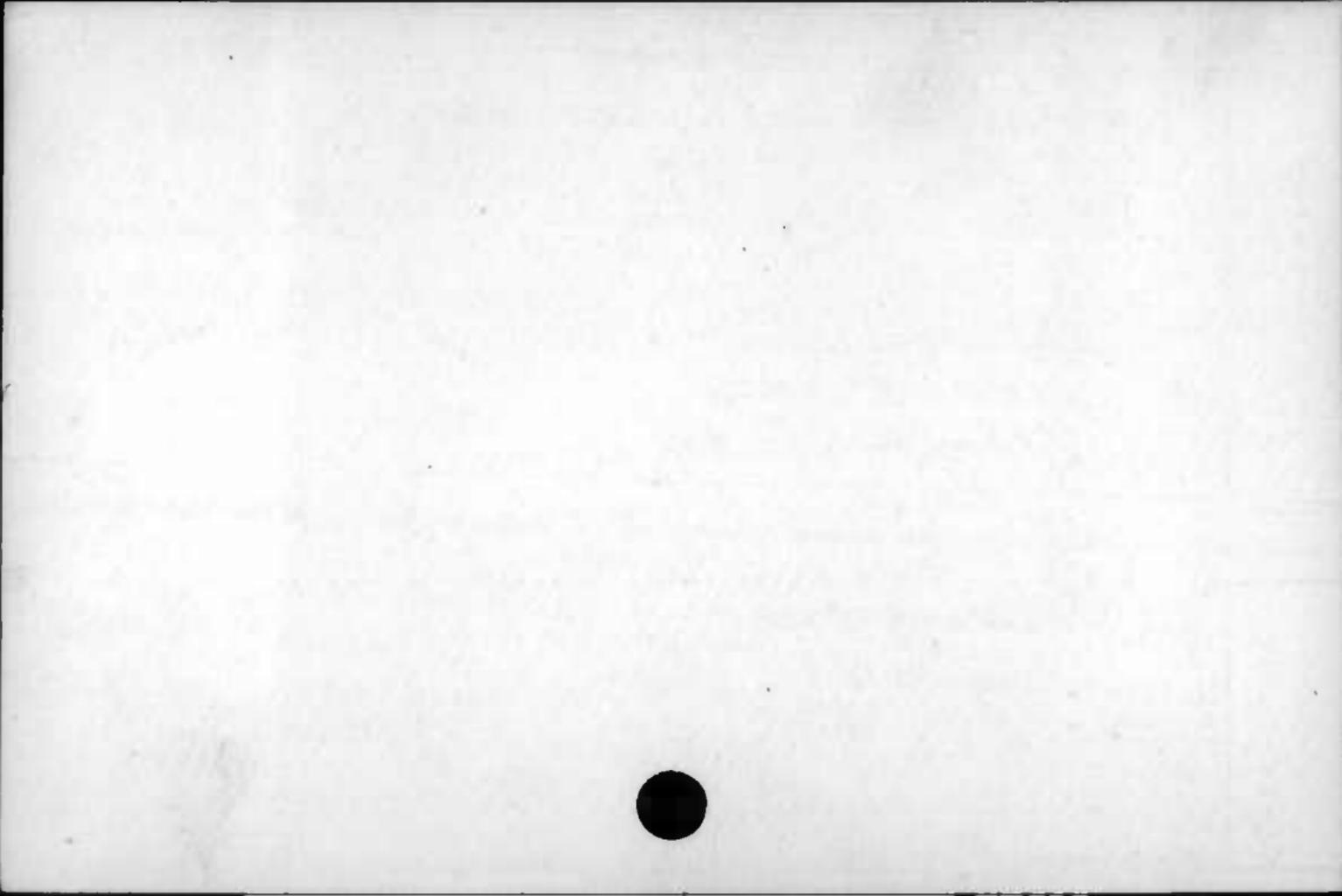
Signature of Physician

E. Isaac Whitehill

Address

New Windsor Md

Accident or Suicide?



Name  
in  
Full

313

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

<i>Joshua Myers</i>						
Died at	Town	County				
Died at	Fountain Valley	Carroll			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1908	Feb.	17	72		10	—
Sex	Male	Color or Race	White	—	Birth-place	Pennsylvania
Occupation	Retired	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband				
Father's Name	Dont know					Father's Birthplace
Mother's Maiden Name	Dont know					Mother's Birthplace
Name of person giving information	Uriah Babylon					How related to deceased

CAUSES OF DEATH

93

Primary *Pneumonia* How long *10 days*

Immediate *Same & old age* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*M. J. Batt*  
*Wilmington, Md.*

PHYSICIAN  
OR CORONER

*X*

Accident or Suicide?

Silver River

Name  
in  
Full

Sarah Ohter

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

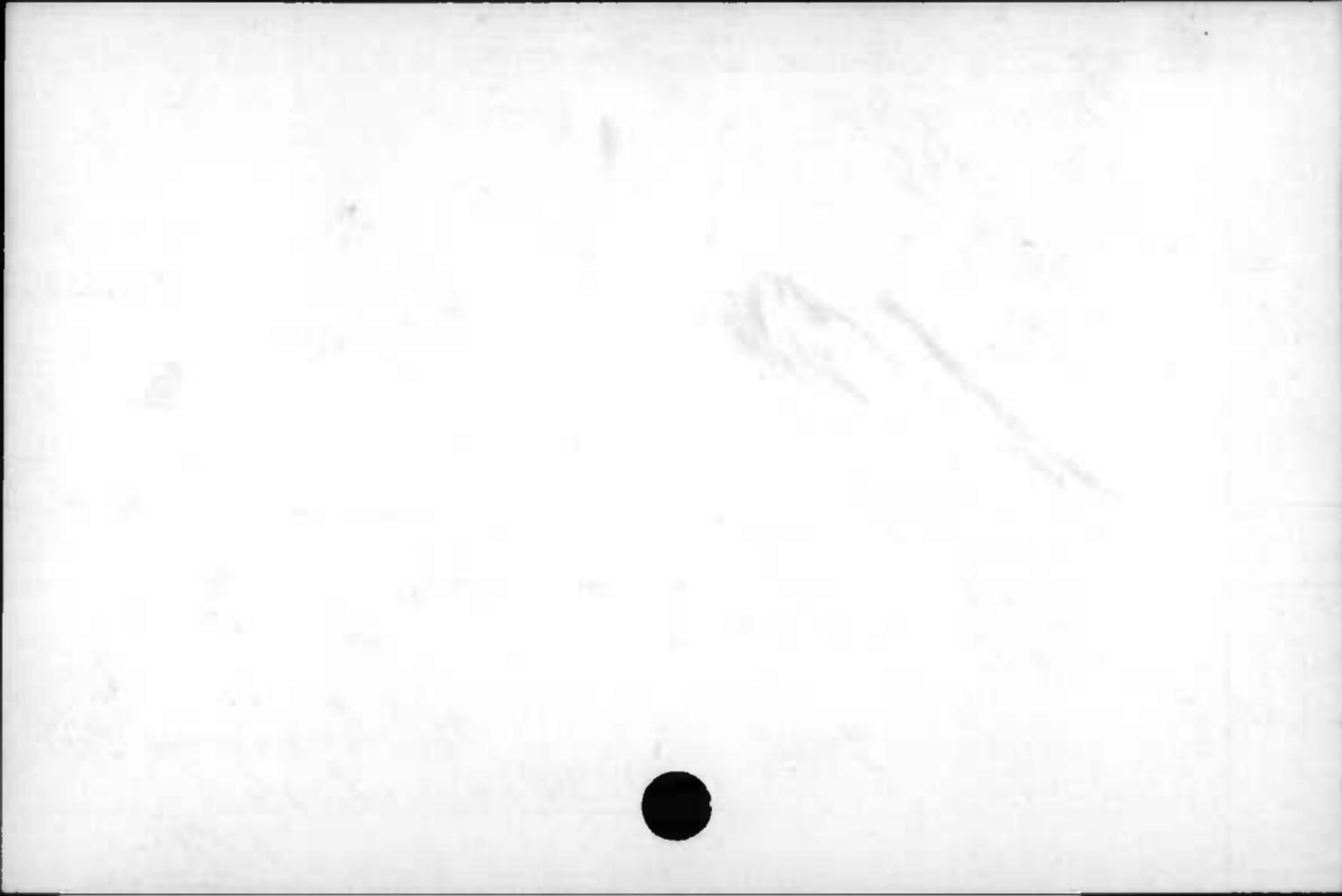
Died at Springfield Hospital-Sykesville - Parson		County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1908	February	17 <sup>th</sup>	56	—
Sex	Female	Color or Race	White	Birth-place
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Unknown	Father's Birthplace		Unknown
Mother's Maiden Name	Unknown	Mother's Birthplace		"
Name of person giving Information	Hospital records	How related to deceased		None
CAUSES OF DEATH				
Primary	Organic Dementia		How long	
Immediate	Lobar Pneumonia		How long	
Are the name, age, sex, color, date and place correctly given above?		To best	Signature of Physician	W. Henry Fisher M. D.
I		Address		Sykesville
Accident or Suicide?				Ind

93

18 yr

2 days

Ind



Name  
in  
Full

Daisy Romaine Rabenstein

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Manchester		County Carroll		MARYLAND		
Date of death 1904	Month Feb	Day 28	Age 26	Years	Months	Days 4
Sex Female	Color or Race White	Birth-place Spring Grove Pa				
Occupation House wife	Where Residing if not at place of death Manchester					
Married, Single or Widowed Married	Name of Wife or Husband Geo F Rabenstein					
Father's Name John F. Moul	Father's Birthplace Penn.					
Mother's Maiden Name Christina Garber	Mother's Birthplace Penn.					
Name of person giving Information Geo F Rabenstein	How related to deceased Husband					

CAUSES OF DEATH

1

How long

7 weeks

How long

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

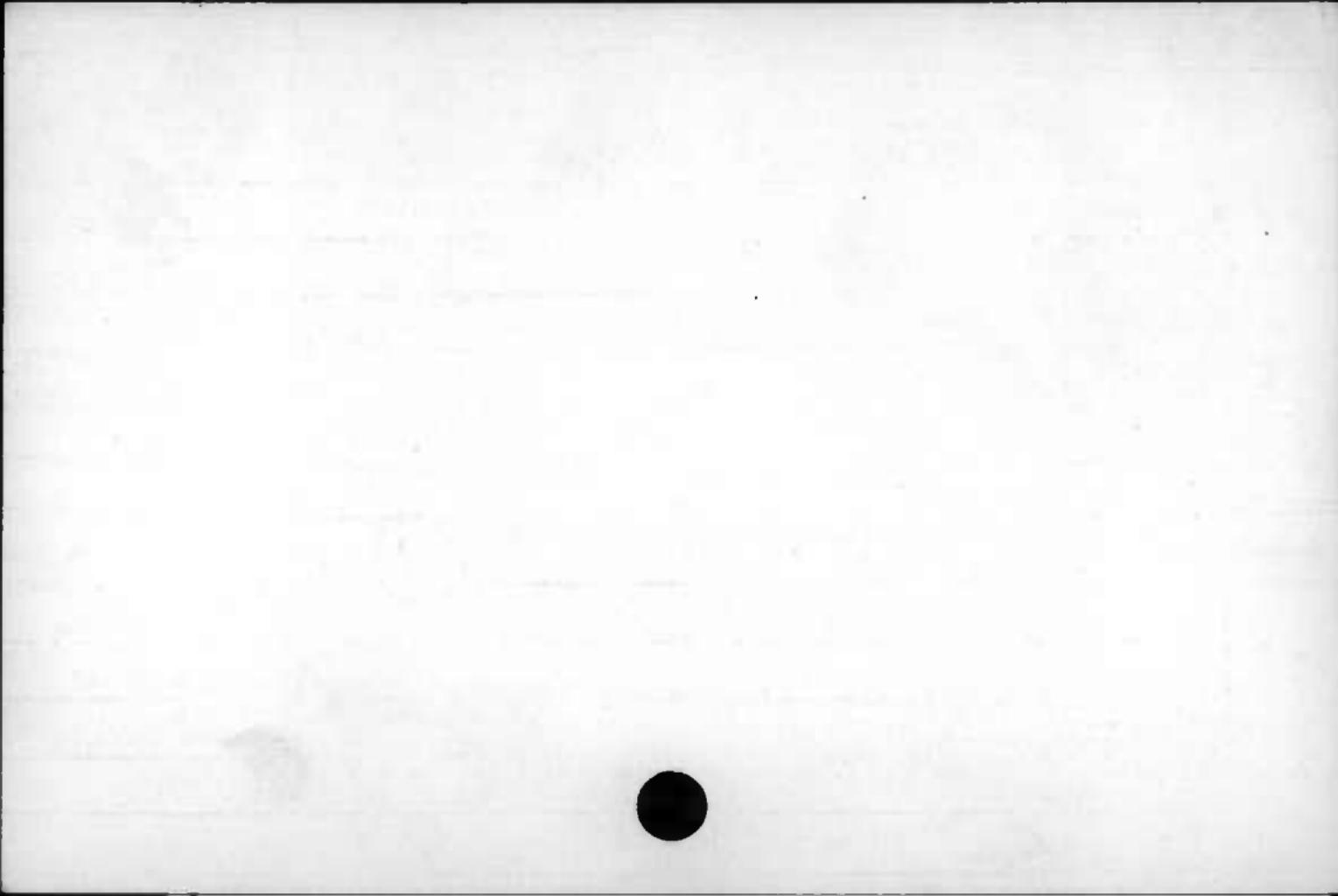
Signature of  
Physician

Address

J H Sherman M.D.  
Manchester  
Md

H

Accident or Suicide?



Name  
in  
Full

John T Roeck

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	Feb	15	65	10	6	
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	School Teacher			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah A Roeck			
Father's Name	John Roeck			Father's Birthplace	Pa	
Mother's Maiden Name	Elizabeth Fair			Mother's Birthplace	Md	
Name of person giving information	Sarah A Roeck			How related to deceased	Wife	

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary Cause: Chronic Gastro-intestinal Distress. 18 months  
How long  
Immediate Cause: Compression of brain. Coma. 14 hours.  
How long  
Other damages, sex, color, date  
and place of birth given above  
Signature of Physician  
Address  
T. A. Sims.  
Taneytown. Md.

H

Accident or Suicide?



Name  
in  
Full

Catherine M Lineman

CERTIFICATE OF DEATH

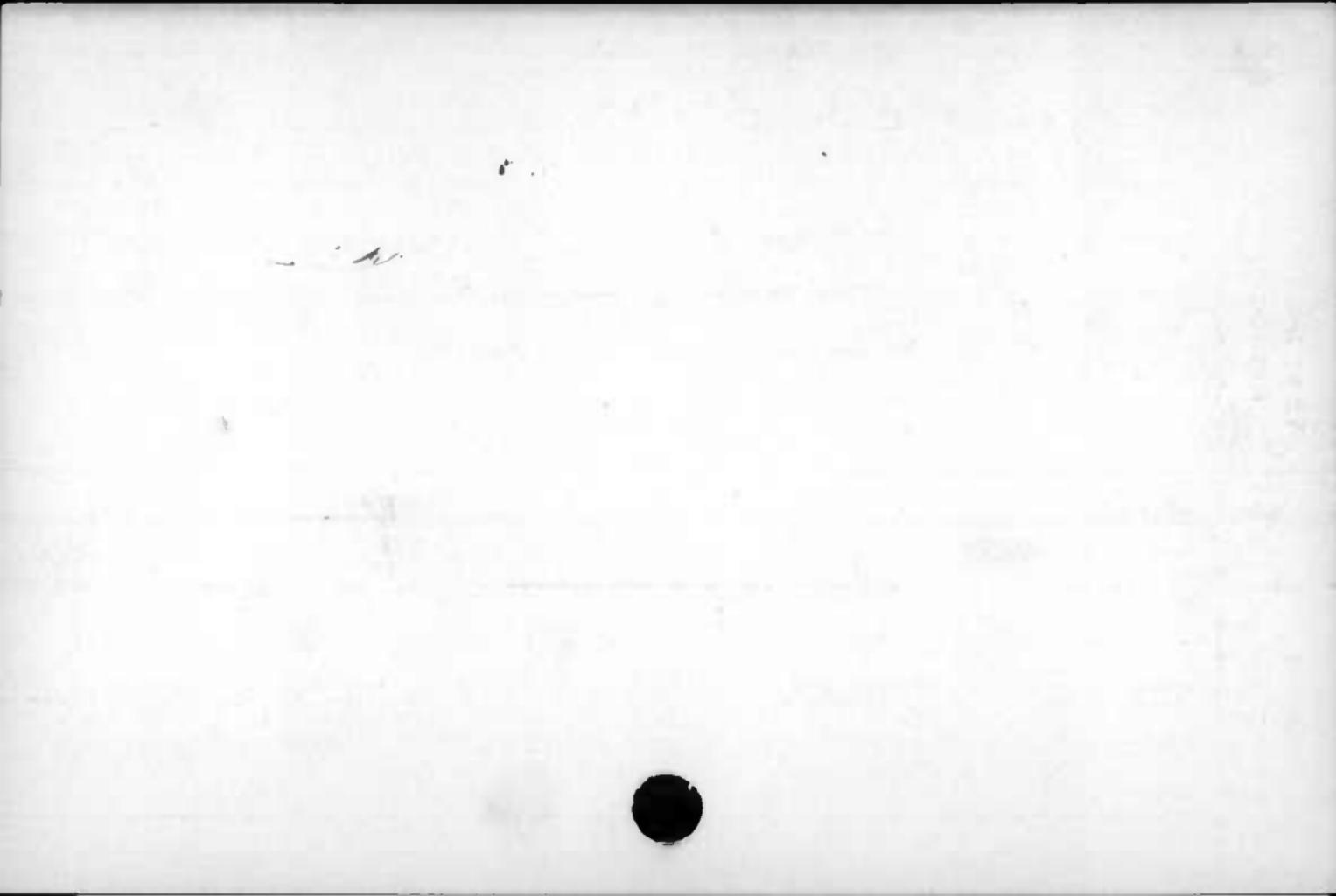
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hampstead</u>		<u>Town</u> <u>Carroll</u>	<u>County</u>	<u>MARYLAND</u>		
Date of death	1908	Month Feb	Day 29	Years 1	Months 8	Days 2
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth- place	<u>Hampstead</u>	
Occupation	<u>Wife</u>	Where Residing if not at place of death <u>Hampstead</u>				
Married, Single or Widowed	<u>no</u>	Name of Wife or Husband	<u>none</u>	Father's Name	<u>Peter a Lineman</u>	
Father's Name	<u>Peter a Lineman</u>		Father's Birthplace	<u>near Hampstead</u>		
Mother's Maiden Name	<u>Bullock</u>		Mother's Birthplace	<u>near Hampstead</u>		
Name of person giving Information	<u>Father</u>		How related to deceased	<u>Child</u>		

CAUSES OF DEATH

92

Primary	<u>Bronecho</u> <u>suffocated</u> <u>Suffocation</u>		How long <u>7 days</u>
Immediate			How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. R. F. Richardson</u>	Address <u>Hampstead</u> <u>Md.</u>
H			
Accident or Suicide?			



Name  
in  
Full

Elizabeth Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

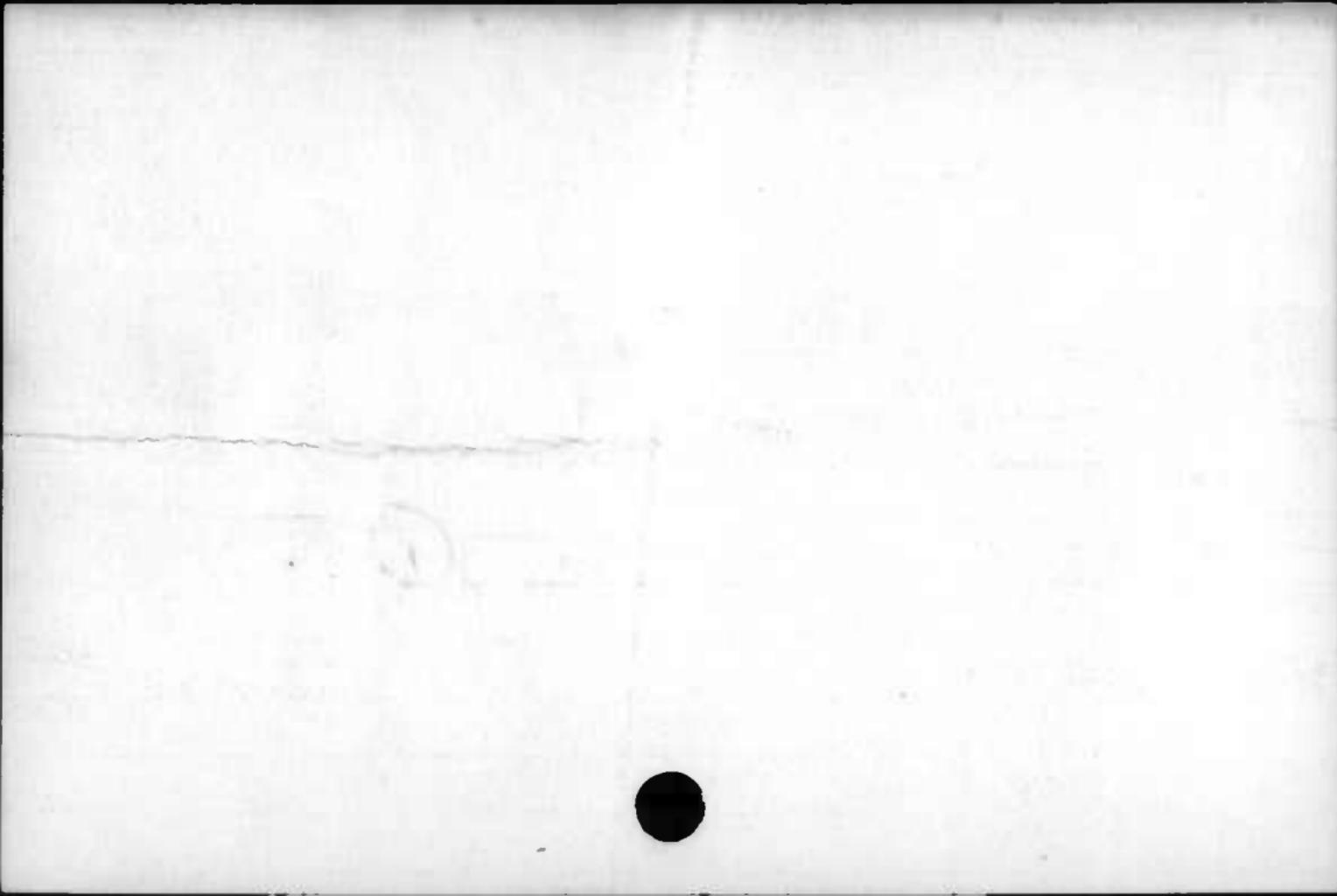
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	84	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	James Oliver		Father's Birthplace	Ireland
Mother's Maiden Name	— Stinson		Mother's Birthplace	Scotland
Name of person giving information	Hospital records		How related to deceased	None

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Senile Dementia	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No.	



Name  
in  
Full

Frances Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>near</del> <u>Winfield</u> Town		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>25</u>	Years <u>73</u>	Months <u>9</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Hunterstown Pa.</u>				
Occupation <u>Household Laborer</u>	Where Residing if not at place of death <u>near Winfield Md.</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>John Rowe (deceased)</u>	Father's Birthplace <u>3rd -</u>					
Mother's Maiden Name <u>Agnes Shoemaker (deceased)</u>	Mother's Birthplace <u>3rd -</u>					
Name of person giving information <u>Luther M. Bushay</u>	How related to deceased <u>Cousin.</u>					

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <u>Gripp, Tretal Insufficiency</u>	New long <u>2 weeks</u>
Immediate <u>heart exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. O. Grant</u>
	Address <u>Winfield Carroll Co.</u>
Accident or Suicide?	

H

Mesek

Name  
in  
Full

Earle, E. Shoemaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Harney</b> Town		County <b>Carroll</b>		MARYLAND	
Date of death <b>1908</b>	Month <b>2</b>	Day <b>10</b>	Age <b>13</b>	Years <b>13</b>	Months <b>7</b> Days <b>9</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Birthplace <b>Md</b>			
Occupation <b>None</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband				
Father's Name <b>Edward Shoemaker</b>	Father's Birthplace <b>Md</b>				
Mother's Maiden Name <b>Hattie Lambert</b>	Mother's Birthplace <b>"</b>				
Name of person giving Information <b>Edward Shoemaker</b>	How related to deceased <b>Father</b>				

CAUSES OF DEATH

1

How long

3 days

How long

24 hours

PHYSICIAN  
OR CORONER

Primary

*Typhoid fever with Pneumonia*

Immediate

*Convulsions*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

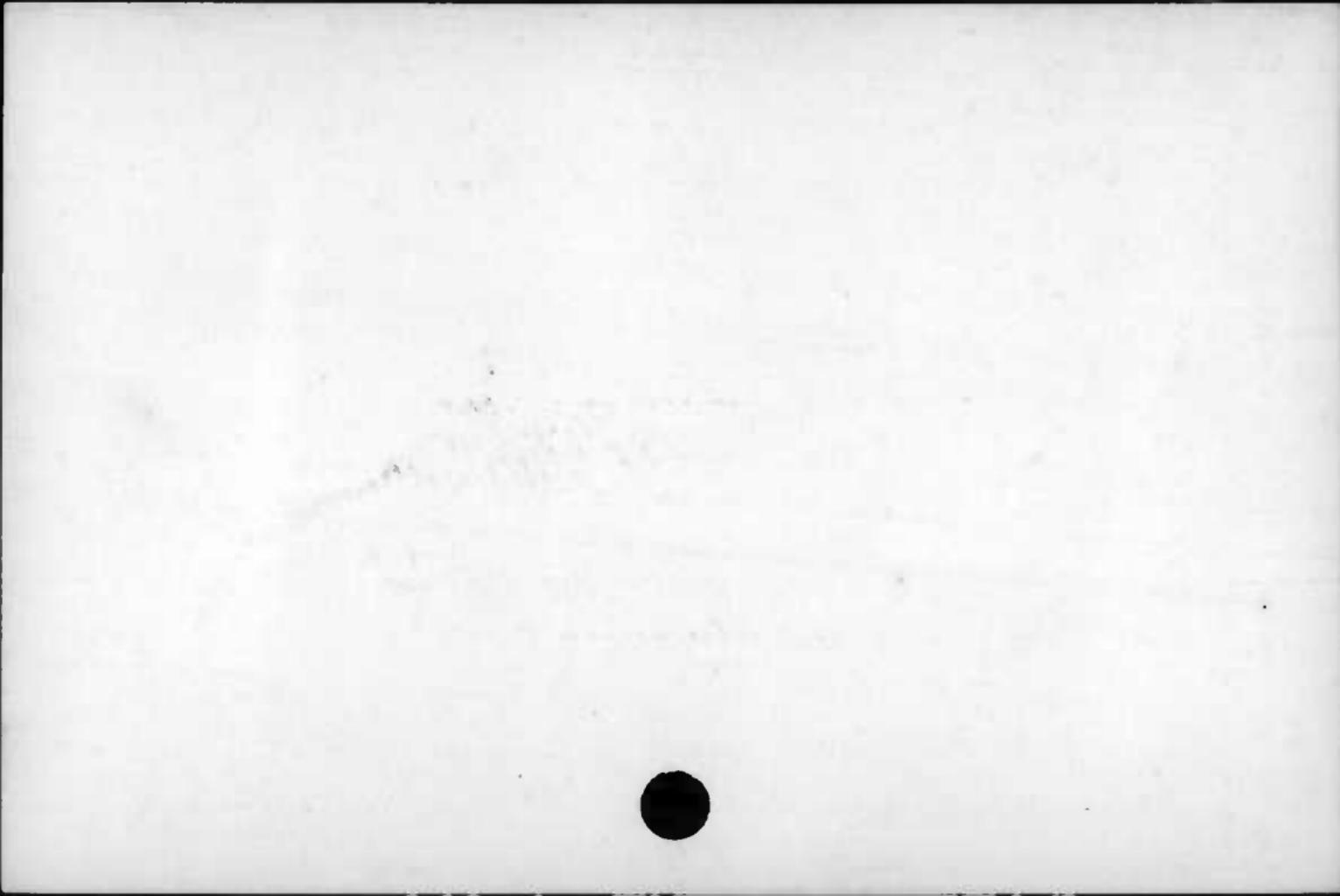
*Chandler M. Bunner M.D.*

Address

*Ganeytown  
Md.*

*H*

Accident or Suicide?



Name  
in  
Full

Emma Virginia Showers

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1908	February	4	Age 58	8 10 18
Sex	Color or Race	Birth-place	W. Manchester	
Female	White	W. Manchester	W. Manchester	
Occupation	Where Residing if not at place of death			
School Teacher	W. Manchester			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	W. Manchester	
Single	Levad Showers	Levad Showers (167)	W. Manchester	
Mother's Maiden Name	Rachel. Erickson	Mother's Birthplace	Baughman's Valley	
Name of person giving information	Rachel A. Peeler	How related to deceased	Sister.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Scorched Burns by fire

How long

7 weeks

Immediate

Scorched

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

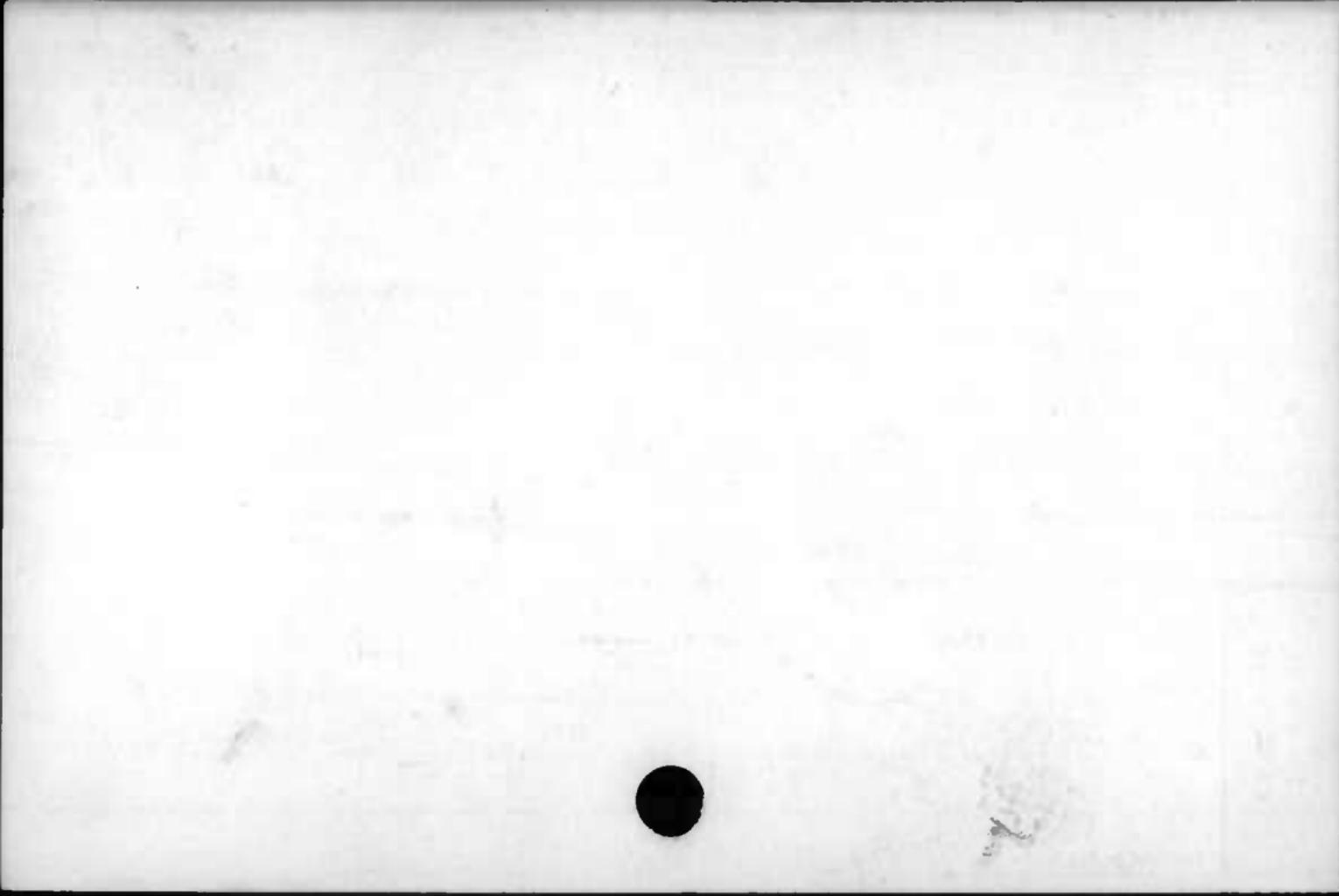
Yes.

Signature of Physician

Address

J. F. B. Meader  
W. Manchester,  
Maryland.

Accident or Suicide?



Name  
in  
Full

Alexander Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H

Died at Mt. airy				Town	County		MARYLAND				
Date of death	1908	Month	7th	Day	28	Years	50	Months	One	Days	28
Sex	Male	Color or Race	White American	Birthplace	Near Ridgwilly, Carroll Co. Md.						
Occupation	Locomotive Engineer			Where Residing if not at place of death	Ridgwilly, Md.						
Married, Single or Widowed	Divorced	Name of Wife or Husband	Amanda Smith								
Father's Name	Geo. J. Smith			Father's Birthplace	Montgomery Co.						
Mother's Maiden Name	Mary E. Garrison			Mother's Birthplace	Carroll Co.						
Name of person giving information	David Smith			How related to deceased	Brother						

## CAUSES OF DEATH

93

How long

8 days

How long

3 days

Primary

Exposure

Immediate

Pneumonia Double

Are the name, age, sex, color, date and place correctly given above?

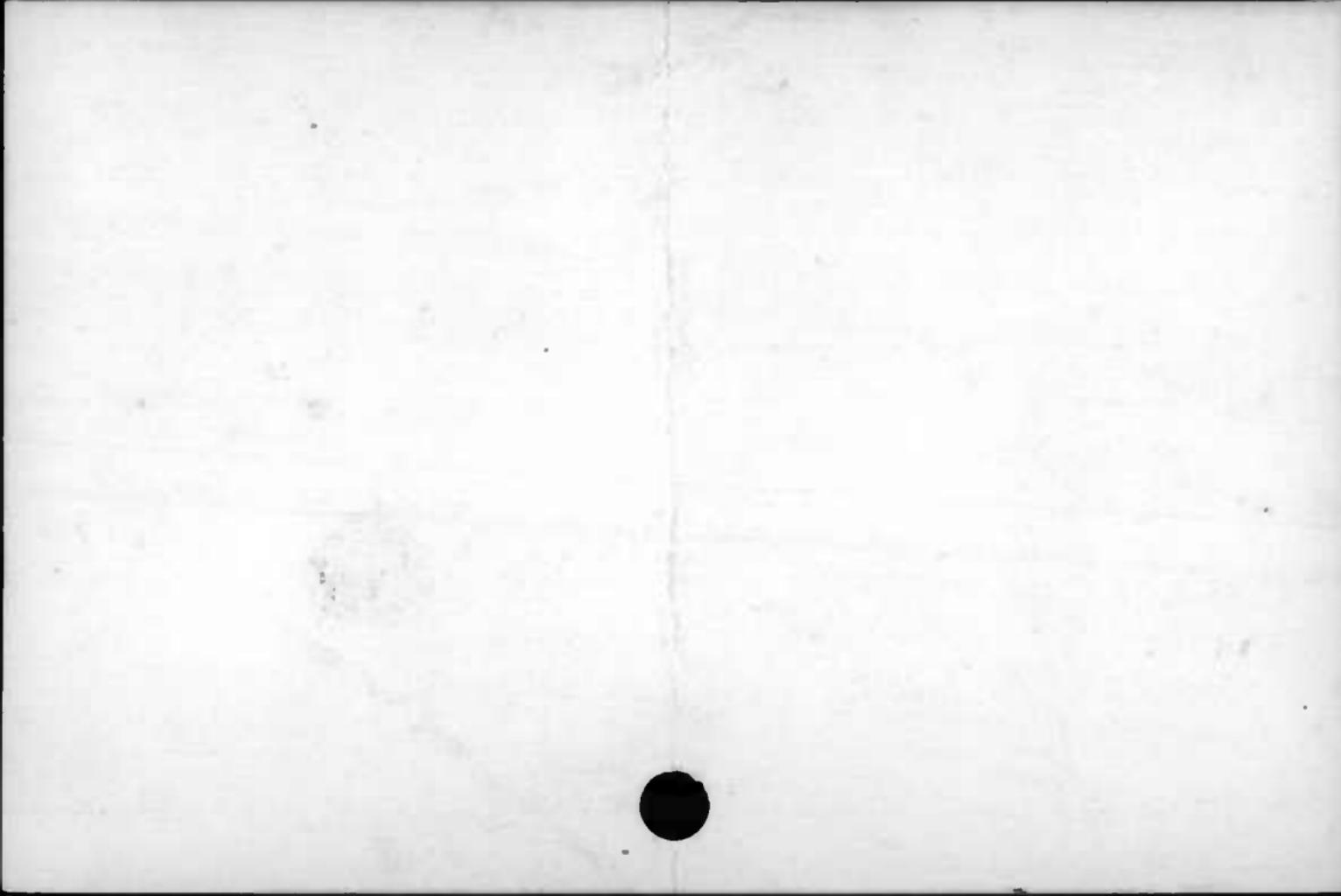
Yes

Signature of Physician

Address

J. E. Bromwell  
Mt. airy, Md.

Accident or Suicide?



Name  
in  
Full

Harry Sheppard Stouffer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	New Windsor	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months
Sex	Male	Color or Race	White	Age	Days
Occupation	Farmer	Where Residing if not at place of death	New Windsor		
Married, Single or Widowed	Married	Name of Wife or Husband	Carrie Stouffer		
Father's Name	Philip H Stouffer		Father's Birthplace	Maryland	
Mother's Maiden Name	Alice Sheppard		Mother's Birthplace	Maryland	
Name of person giving information	Harry J. Barnes		How related to deceased	Cousin	

CAUSES OF DEATH

78

Primary

Myocarditis

How long

2 years

Immediate

"

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

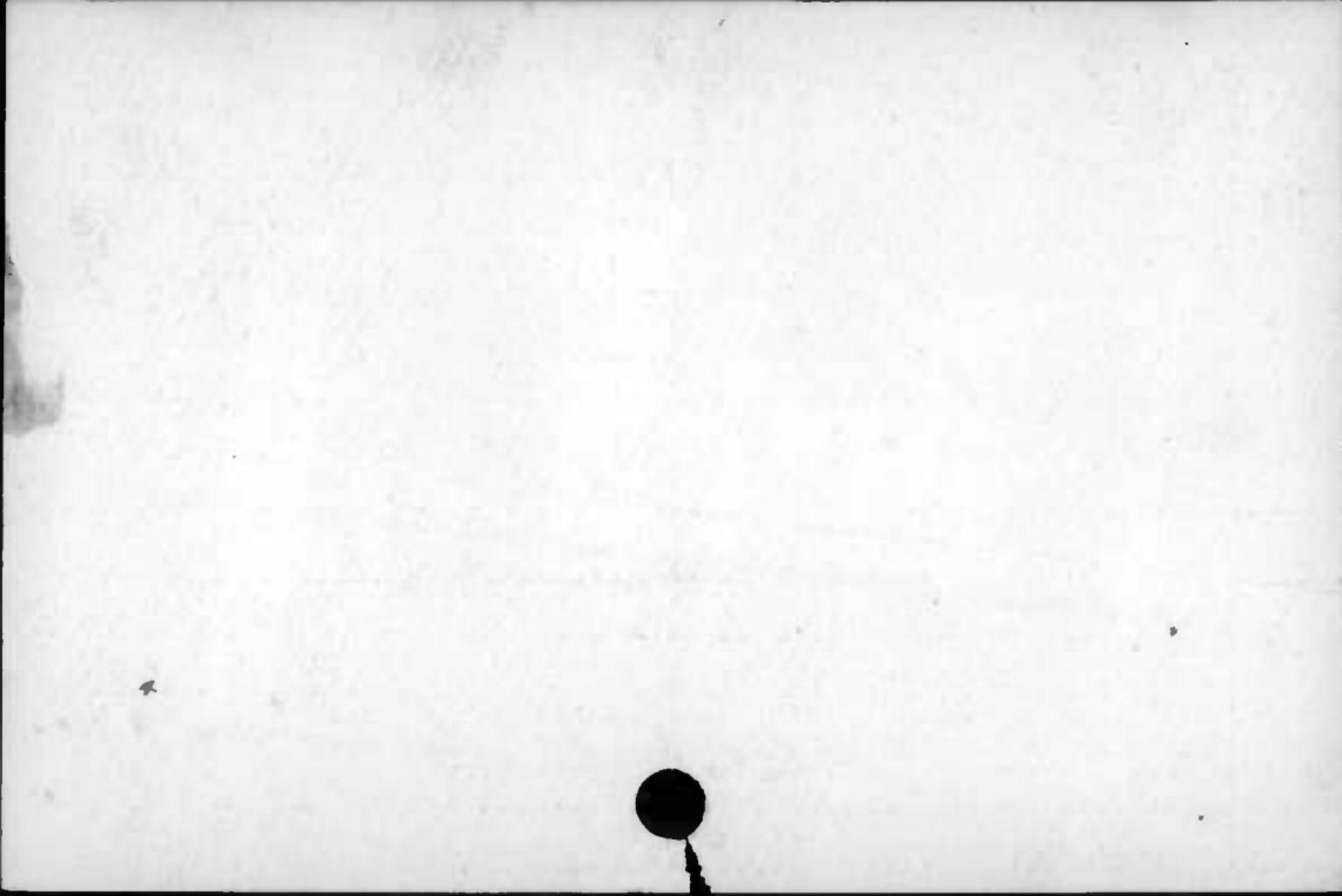
Signature of Physician

Address

Dr. Ira E. Whitehill  
New Windsor

14

Accident or Suicide?



Name  
in  
Full

no name illegitimate *Stuller*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

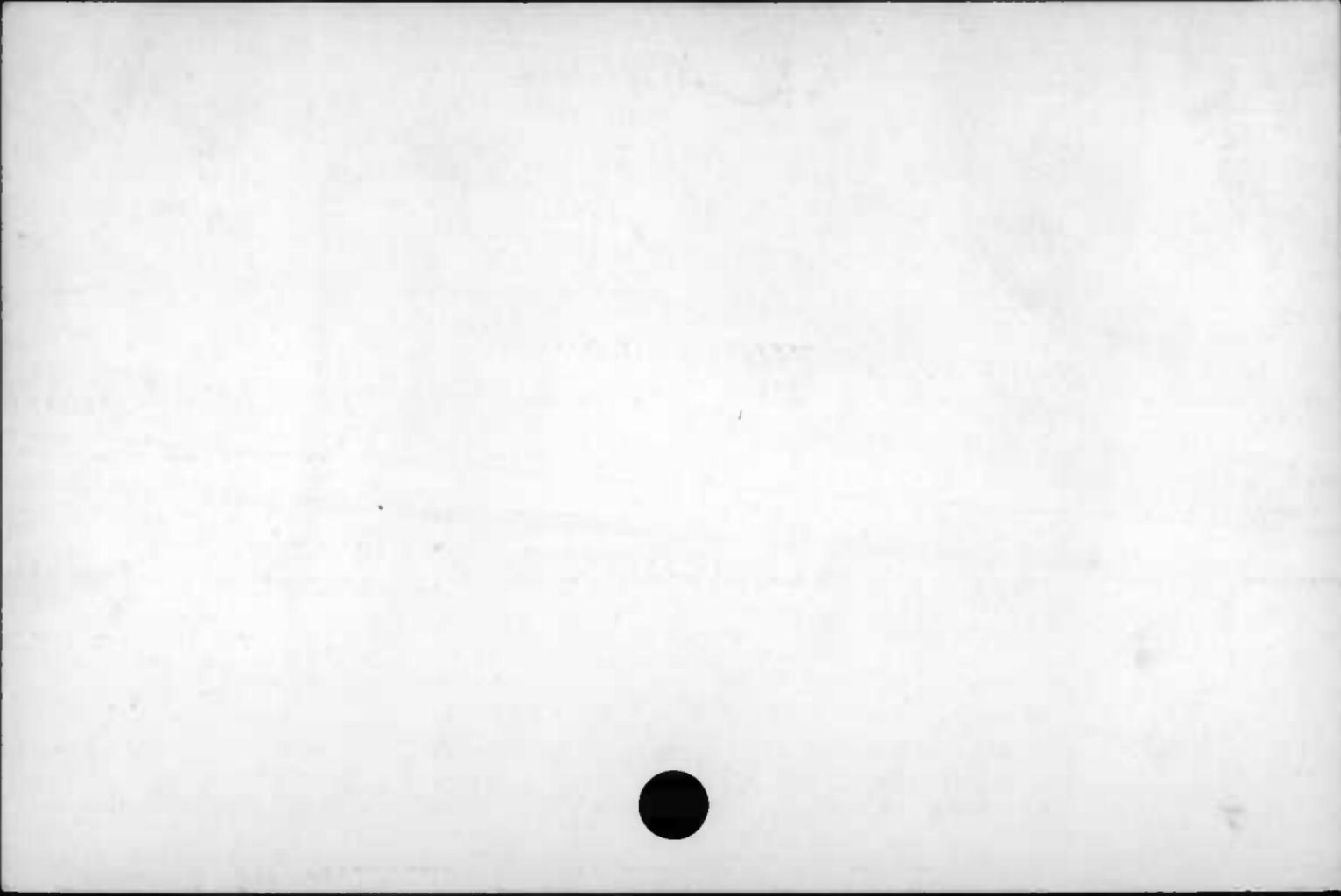
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Not
Occupation	Actor	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Unknown	Father's Birthplace	unknown		
Mother's Maiden Name	Maud J. Stuller	Mother's Birthplace	Md		
Name of person giving Information	Summerfield J. Stuller	How related to deceased	Uncle		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	no physician in attendance Chas. R. Taft, M.D. Washington, Md	



Name  
in  
Full

Pauline E Stuller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town Died at	County	MARYLAND
Town Died at	Carroll	
Date of death	Month	Year
1908	2	5
Day	Age	Months
		3
Sex	Color or Race	Days
Female	White	16
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Single	Joseph Stuller	Ind
Father's Name	Mother's Maiden Name	Mother's Birthplace
Joseph Stuller	Rosa B Haines	Ind
Name of person giving Information	Joseph Stuller	How related to deceased
		Father

CAUSES OF DEATH

93

How long

1 month

How long

3 days

Primary

Marasmus

Immediate

Pneumonia

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

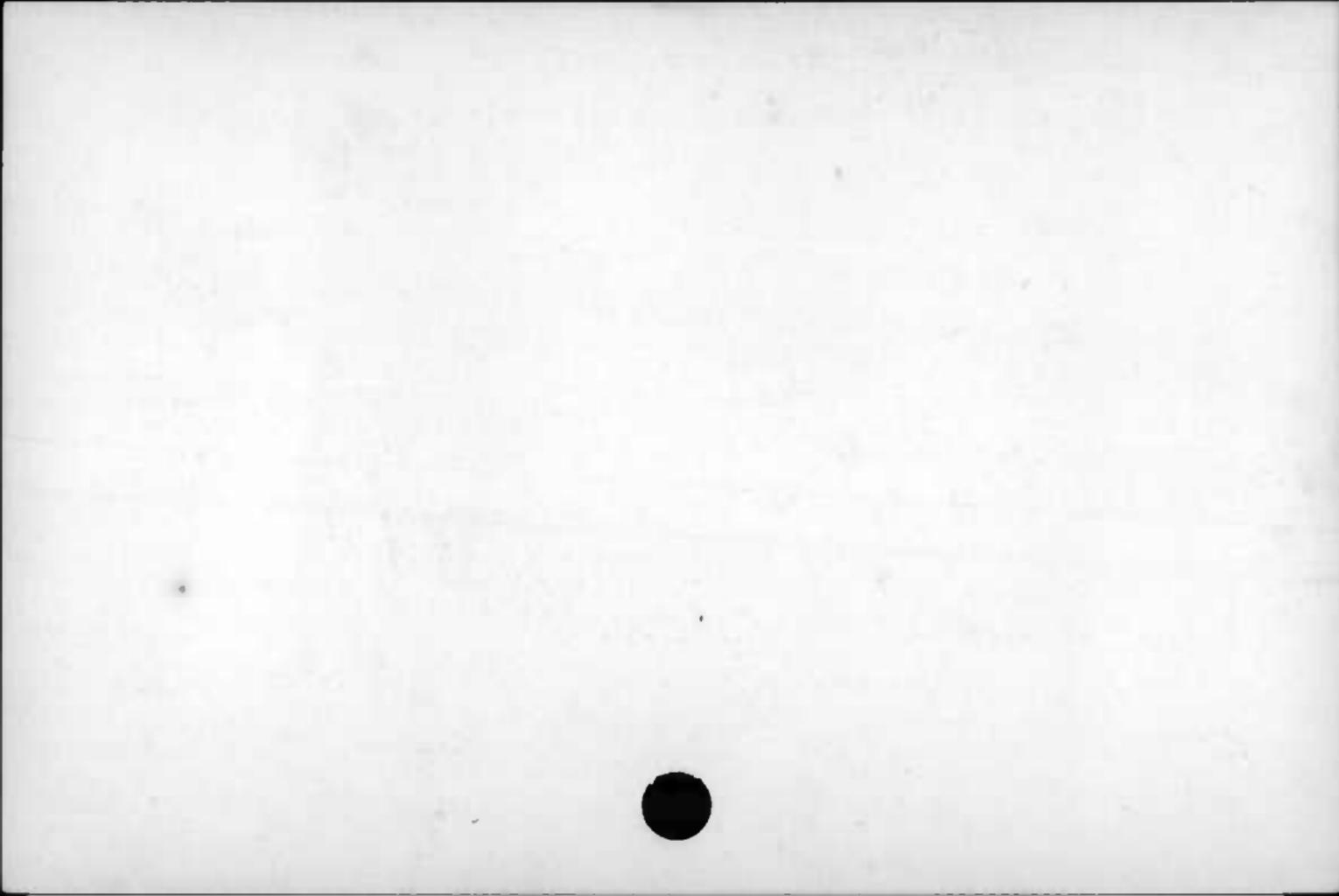
Address

C. W. Benner M.D.

Parneytown

Maryland

Accident or Suicide?



Name  
in  
Full

Robert S. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

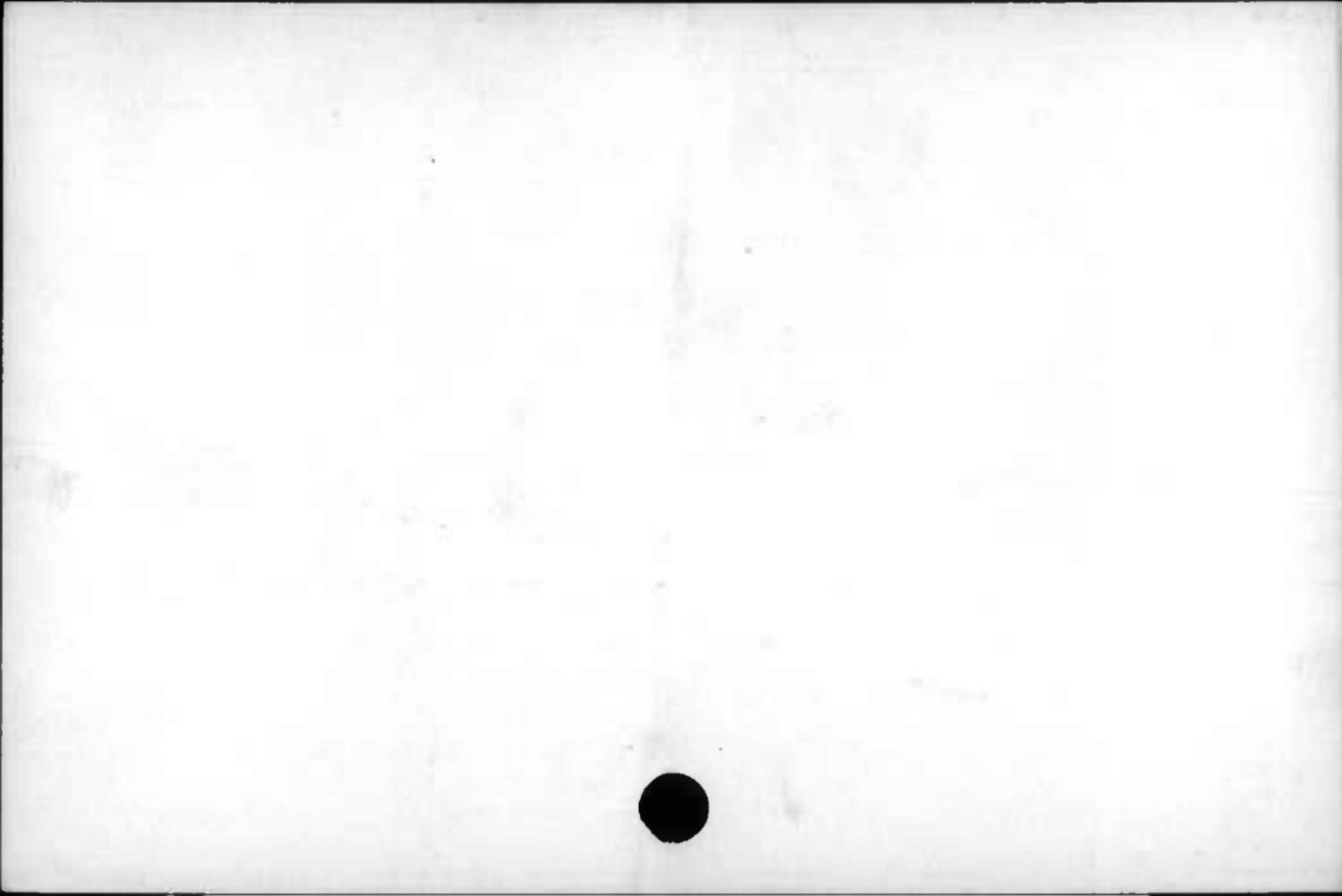
PHYSICIAN  
OR CORONER

Town	County			MARYLAND	
Died at Springfield Hosp.	Month	Day	Years	Months	Days
Date of death 1908	Feb.	1 <sup>st</sup>	Age 57	-	-
Sex Male	Color or Race	White	Birth-place	Va.	
Occupation Clerk	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Robt S. Thomas	Father's Birthplace Va				
Mother's Maiden Name Sarah A. (S.)	Mother's Birthplace ..				
Name of person giving Information Hospital records	How related to deceased				

CAUSES OF DEATH

69

Primary	Epileptic dementia			How long	42 years
Immediate	General debility			Progressive	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chas. J. Carey	
			Address	Lykensville Md.	
Accident or Suicide?		No			



Name  
In  
Full

Levvy. Thompson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Died at	Own town		County	MARYLAND	
Date of death	1908	Feb.	Day	8	Years
Sex	Male	Color or Race	White	Birth-place	Washington Co Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Annae Thompson		
Father's Name	Philip. Thompson				
Mother's Maiden Name	Mary Christ.				
Name of person giving information	Antua Thompson.				

CAUSES OF DEATH

27

How long

How long

How long

Primary

Pulmonary. Tuberculosis

Immediate

Cardiac. Spasms.

Are the name, age, sex, color, date and place correctly given above?

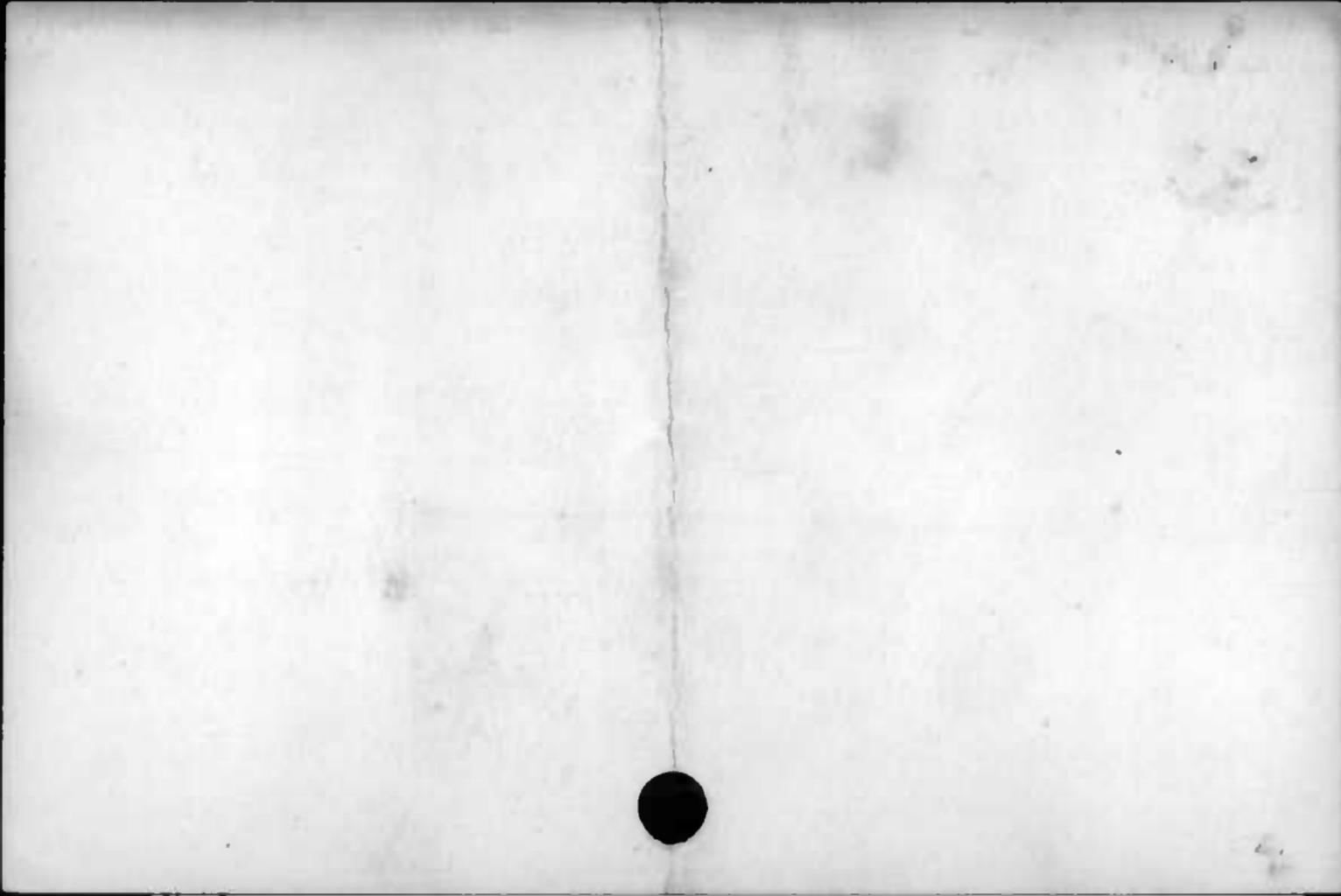
yes

Signature of Physician

Address

Levvy. Thompson  
Mt. airy. Md

Accident or Suicide?



Name  
in  
Full

Rhinehart Weller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Springfield Hospital Carroll				County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1908	Feb	10	60	60		
Sex	male	Color or Race	white	Birth-Place	Md.	
Occupation	Unknown			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Unknown	
Mother's Maiden Name	"			Mother's Birthplace	"	
Name of person giving Information	Hospital record			How related to deceased		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Dementia

How long

13 years

Immediate

Chronic nephritis

How long

Unknown

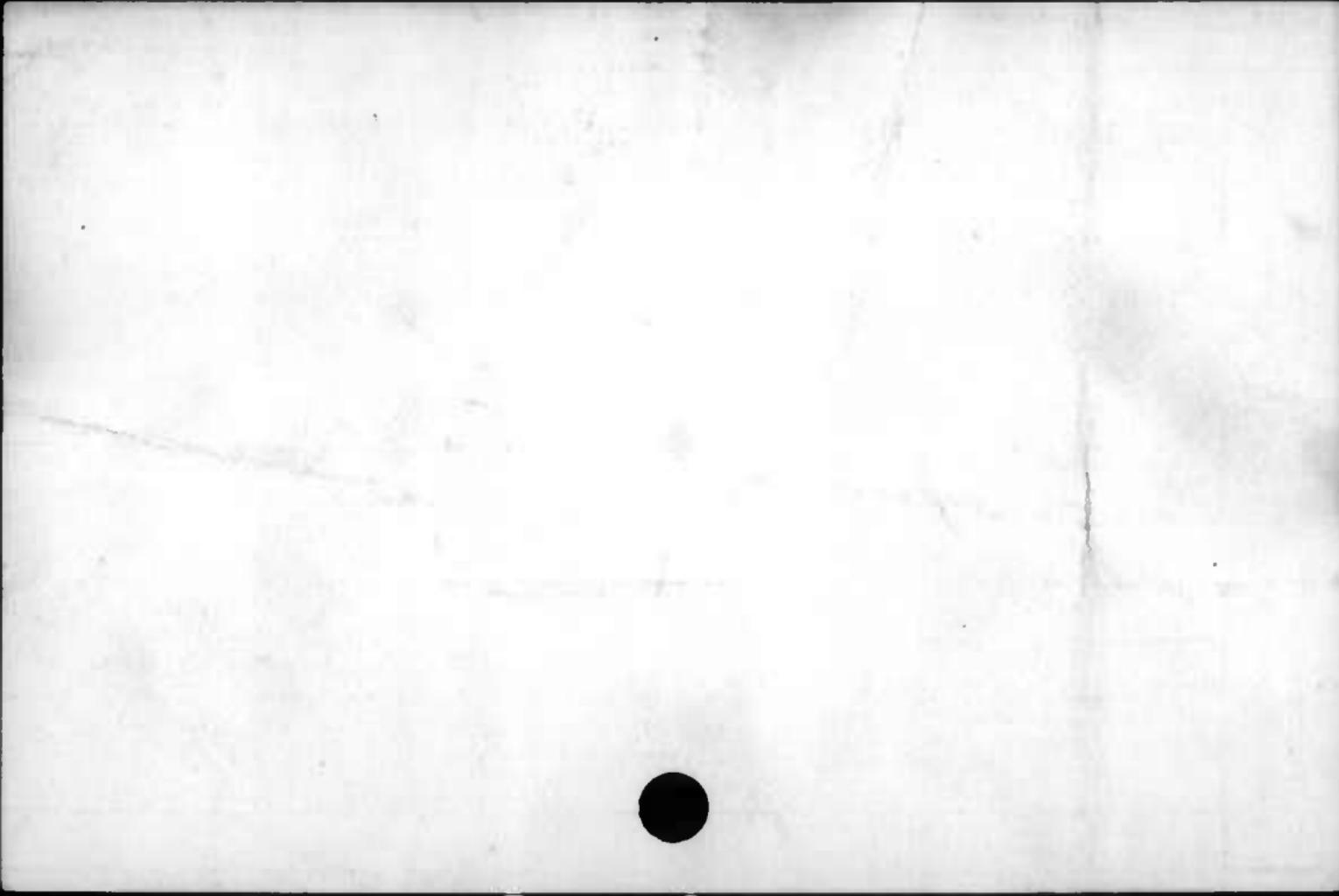
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. J. Carey  
Lykensville Md.

Accident or Suicide?

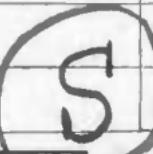


Name  
in  
Full

Wheler

CERTIFICATE OF DEATH

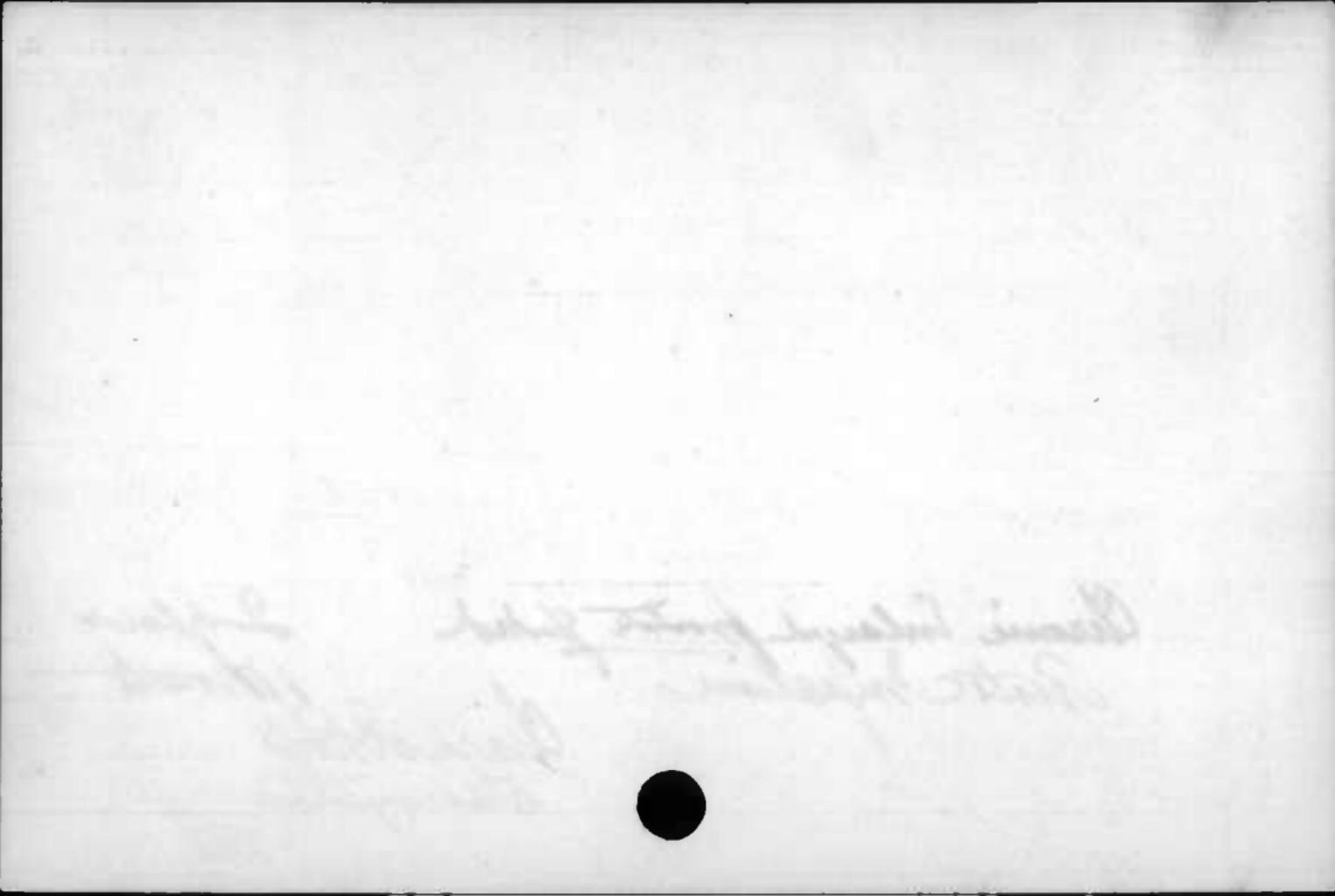
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hampstead</u>		County <u>Carroll</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>19</u>	Years <u>Still Born</u>	Months <u>..</u>
Sex <u>Boy</u>	Color or Race <u>white</u>	Birth-place <u>Hampstead</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Baltimore</u>	Mother's Birthplace <u>Greenwich</u>
Father's Name <u>Joshua S Wheler</u>	Mother's Maiden Name <u>Bettie Bixler</u>		How related to deceased <u>—</u>	
Mother's Maiden Name <u>—</u>				
Name of person giving information <u>Father</u>				

CAUSES OF DEATH

Primary <u>Still Born</u>	How long
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joe Preslow</u>
	Address <u>14 Preslow St. 19 Manchester Md</u>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Francis Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	80	4	21
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Julia E Williams			
Father's Name	John Williams				
Mother's Maiden Name	Temperance Harris				
Name of person giving information	J. H. Fleagle				

CAUSES OF DEATH

125

PHYSICIAN  
OR CORONER

Primary

Chronic Enlarged prostate gland

2 years

Immediate

Anti Depressant

1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

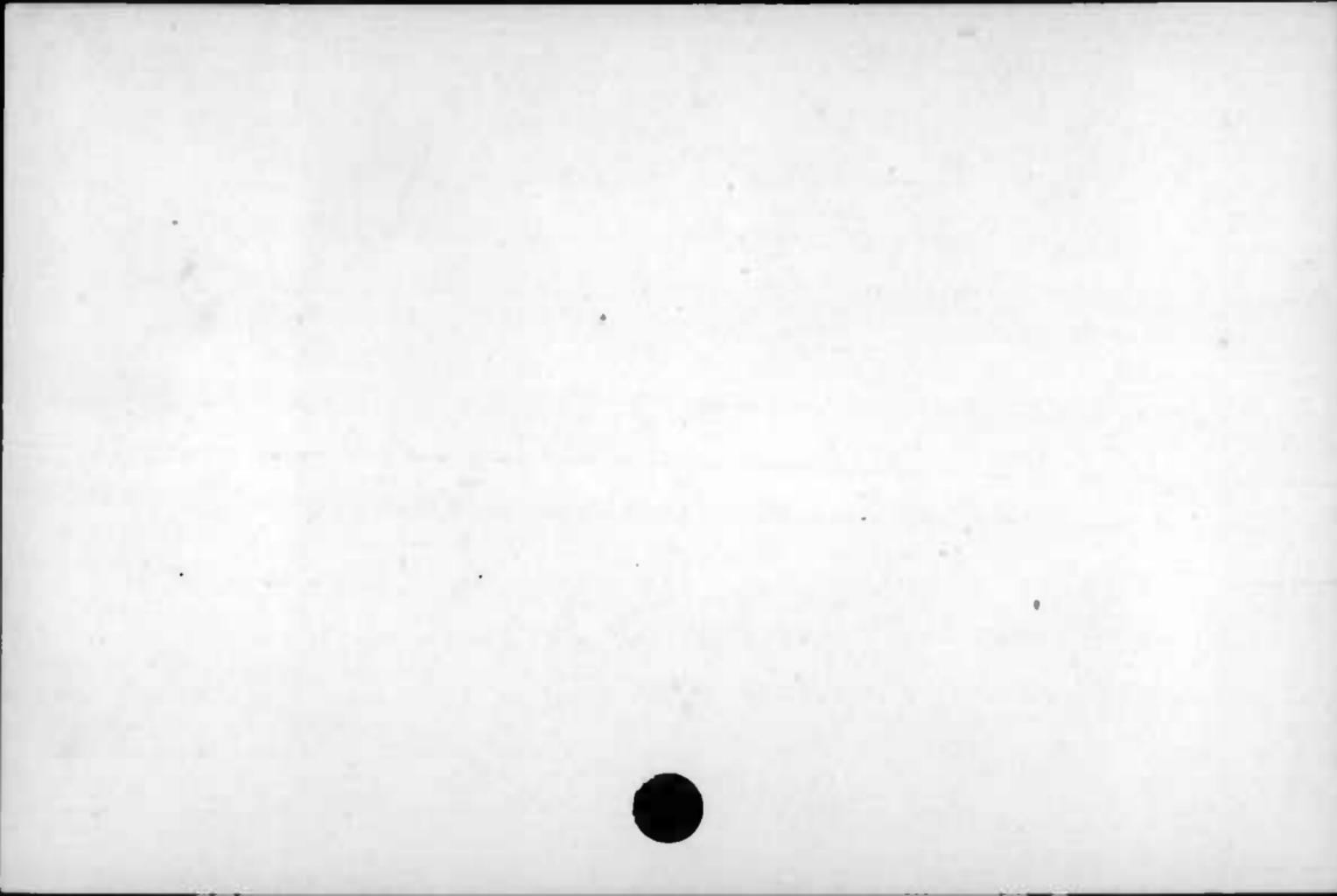
Address

Charles Chap  
Taneytown

md.

H

Accident or Suicide?



Name  
in  
Full

Daniel Lee Worthington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hampstead</u>		Town <u>Carroll</u>		County		MARYLAND		
Date of death	1908.	Month 2.	Day 24	Age 45	Years	Months 6	Days	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hampstead, Md</u>					
Occupation <u>Painter</u>	Where Residing if not at place of death <u>X</u>							
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband							
Father's Name <u>Benj. Worthington</u>			Father's Birthplace <u>Pa</u>					
Mother's Maiden Name <u>Hannah C. Hough</u>			Mother's Birthplace <u>Hampstead, Md</u>					
Name of person giving information <u>Enguo My Bush</u>			How related to deceased <u>Brother</u>					
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; display: inline-block;">56</span>								

PHYSICIAN  
OR CORONER

Primary

Alcoholism

How long

1 wk.

Immediate

Concussion of Brain from Fall

How long

6 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes:

Signature of Physician

Address

Enguo My Bush

Hampstead, Md



Accident or Suicide?

Accident



Name  
in  
Full

Mrs Louise E. Yingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cranberry TOWN

County Carroll

MARYLAND

Date of death 1908 Month Feb Day 6<sup>th</sup> Age 69 Years 69 Months 8 Days 25-

Sex Female

Color or Race

White

Birth-place

York Co Pa

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John T. Yingling

Father's  
Birthplace

York Co Pa

Father's  
Name

Samuel Jekes

Mother's  
Birthplace

York Co Pa

Mother's  
Maiden Name

Mary Hostetter

Name of person giving  
Information

John T. Yingling

How related  
to deceased

Husband

CAUSES OF DEATH

10

How long

Don't know

Primary

Diabetes

Immediate

La Grosse

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. H. Sherman M.D.  
Manchester

Maryland

I

Accident or Suicide?

